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College, Interrupted: A Case Study of the Mental Health Leave Process

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COLLEGE, INTERRUPTED: A CASE STUDY OF THE MENTAL HEALTH LEAVE
PROCESS

A Dissertation

Presented to

The Faculty of the School of Education

The College of William and Mary in Virginia

In Fulfillment

Of the Requirements for the

Degree Doctor of Philosophy

by

Rachel McDonald

June 7, 2016

**COLLEGE, INTERRUPTED: A CASE STUDY OF THE MENTAL HEALTH
LEAVE PROCESS**

By

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DEDICATION

To my partner and love, Tom Hurford. Your support, patience, cooking, willingness to listen, and steadfast belief in my ability to complete my PhD gave me the strength I needed to achieve my dream.

and

To those students who have experienced an interruption to their education due to a crisis and have returned to complete their degree, and to the staff who have supported you in your journey. My admiration for your perseverance is difficult to put into words. You have faced challenges that many of your peers could never even imagine, and still achieved your educational goals and dreams. Thank you to those students who have shared their journey and their story with me. It has been a privilege.

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COLLEGE, INTERRUPTED: A CASE STUDY OF THE MENTAL HEALTH LEAVE PROCESS

ABSTRACT

Students who experience a mental health crisis while enrolled in College experience an interruption to their college journey. This single site case study examined the mental health leave and reenrollment process and its impact on college student development using the lens of Nancy Schlossberg's (2011) model of transition. This study also examined the perceptions and values of college staff as they worked to advocate for and support students who engaged in the process.

Using my conceptual model of the mental health leave and reenrollment process for guidance, college personnel can use the four main transitions that occur during this process-crisis, time away, re-entry, and return to the college, to develop processes that focus on the supports students need to transition through each stage of the process. Intentional collaborative units of support between on- and off- campus supports are essential to this process.

Finally, staff participant interviews provided additional insight into the values of college personnel as they guide students through the mental health leave and reenrollment process. This study found that while students focused on their individual journey and moved through the process one step at a time, staff worked to provide good company to students, not just as good listeners, but as active team members in the student journey. By accessing comprehensive supports that position students to develop coping strategies they can move out of the process and onto a place where they can flourish.

Key words: mental health, higher education, student development, transition

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College, Interrupted: A Case Study of the Mental Health Leave Process

Dissertation

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CHAPTER 1: INTRODUCTION

Today's college student body is more diverse than ever before. Increasing opportunities for access to college are now available to previously marginalized groups including female students, students who are racially and ethnically diverse, first-generation college students, and students with disabilities. In addition, students with mental health conditions are also experiencing improved prospects in higher education, due largely to innovations in the areas of pharmaceuticals and counseling interventions and supports (Bowman, 2010; Goldin, Katz, & Kuziemko, 2006; McDonald, 2014; Mowbray, Megivern, Strauss, & Stein, 2006; Tosevski, Milovancevic, & Gajic, 2010).

Attending college for the first time can be both an exciting and stressful time for all students. These new stressors can include moving away from family support systems, heavy course loads, access to drugs and alcohol, financial pressures, and maneuvering in new relationships (McDonald, 2014; Meilman, 2011; Mowbray et al., 2006). Many students also feel the pressure to excel in multiple areas simultaneously; in the classroom, on the sports field, and in social activities. In addition, students at elite or academically rigorous schools may experience additional stress, not just to engage in multiple activities, but to achieve perfectionism in all of them (Mowbray et al., 2006; Scelfo, 2015; University of Pennsylvania, 2015).

While these stresses can be challenging, most students will identify appropriate coping methods and supports that allow them to continue their college journey uninterrupted. Unfortunately, some students find that the stress they are under leads, to or

exacerbates, underlying mental illness, which are health conditions involving changes in thinking, mood, and/or behavior that are associated with distress or impaired functioning (Substance Abuse and Mental Health Services Administration, 2014). As a result, students may be unaware or not recognize the symptoms at onset of their illness, while others attempt to battle these symptoms alone without the benefit of treatment or support systems. Reluctance of students to access campus support systems is often due to the fear of stigmatization. As a result, the onset of a mental health crisis can result in plummeting grades, social isolation, dropping out of school, and even self-harm or suicide (Gruttadaro & Crudo, 2012; McDonald, 2014; McKinney, 2009; Tosevski et al., 2010).

Depending on the priorities and resources of the institution, some students who participate in a mental health leave and the reenrollment process are also eligible to receive on-campus services that may include psychological counseling, psychiatric disability accommodations, medical treatment, academic advising, course enrollment support, case management, and advocacy support. As a result, even though the leave and reenrollment process is often supported by a Dean, Counseling Center, or Health or Wellness designee, students may be holistically supported by multiple college personnel, including individuals from the college counseling center, student affairs, residence halls, registrars, faculty, academic advising, and the campus health clinic (Bonnie, Reinhard, Hamilton, & McGarvey, 2009; Gabriel, 2010; Gallagher, 2011, 2014; Jed Foundation, 2006; University of Pennsylvania, 2015).

Due to the varied stakeholders involved in this process, communication during this process can provide much needed support to students in crisis if they are aware of the resources available to them. However, even when college personnel attempt to provide

assistance, student and community perceptions regarding entanglements between the legal, student conduct, and student development priorities of the college can arise, and these perceptions can filter down to the student. What remains unknown is how students perceive this process of support, what is helpful during the periods of transition in and out of the university, and how the various elements of student supports interact with one another.

This chapter articulates the purpose and significance of this research study, focusing on the mental health leave and reenrollment process, staff and student perceptions, and the transition college students experience when they take medical leave for mental health reasons (whether voluntary or involuntarily) as they encounter both supports and barriers before, during, and after participating in the reenrollment process at the College or University they attend (Amada, 2010; Mowbray et al., 2006; Meilman, 2011; Mowbray et al., 2006).

Problem Statement

Traditionally aged college students (18-24) are at prime risk for the onset of mental health conditions that include depression, anxiety, and mood disorders (Gruttadaro & Crudo, 2012; McKinney, 2009). These conditions can manifest in symptoms that have a negative impact on the student's learning experience, and range from low levels of energy to insomnia, anxiety, agitation, rapid mood swings, and even psychosis (McKinney, 2009; Wyatt & Oswalt, 2013). According to the 2013 National College Health Assessment II, in which 123,078 college students were surveyed from 153 different postsecondary institutions, 31% of students admitted to having depression episodes during the previous 12 months, 51% experienced anxiety, and 7% admitted to having suicidal ideations during

that same period (American College Health Association, 2013). Clearly, this level of significant mental health crisis amongst the college population deserves closer attention by higher education researchers as they work to develop best practices in policy implementation and overall student support during the mental health leave and reenrollment process (Jed Foundation, 2006).

An obvious and pressing need exists to explore how the increase of students exhibiting mental health conditions on campus is experienced by students, college personnel, and the policies created about the leave and reenrollment process. It is important to understand more fully what practices are being developed and implemented during and after a mental health crisis, and during the subsequent reenrollment process when applicable. The impact that a mental health crisis has on a student's health, education outcomes, and student development is examined in this case study. Using a qualitative case study to explore how undergraduate students describe the process of transitioning back to college after taking medical leave for mental health reasons will help address the gap in the existing research.

This case study research examined how college students transition back to their institution after they have taken a medical leave due to a mental health crisis. Schlossberg's (2011) theory of student transition provides a framework for understanding the steps involved in the reentry process. This research provided an opportunity to promote both student and staff voice on this topic as the focus of the study is on discovering how colleges are supporting and providing the resources and support students need to transition successfully back to, through, and out of school (Amada, 2010; Eisenberg, Downs,

Golberstein, & Zivin, 2009; Glass, 2010; Goodman, Schlossberg, & Anderson, 2006; Kravets Cohen, 2007; Monahan, Bonnie, Davis, & Flynn, 2014; Mowbray et al., 2006).

Research Questions

The research questions guiding this study include:

1. What messages do campus staff intend to communicate to students in regard to the policy, processes, and documentation associated with the mental health leave and reenrollment process?
2. How do students experience the mental health leave and reenrollment process?
 - a. What barriers and/or supports do students encounter during the mental health leave and reenrollment process?
 - b. How do students transition through the mental health leave and reenrollment process?

Significance

Unfortunately, the onset or exacerbation of mental health conditions for students can directly impact their chance of completing college. A large study of college students living with mental health conditions conducted by the National Alliance of Mental Health (NAMH) found that 64% of the 765 respondents dropped out of college as a result of their illness. Of these 64% who left school, 50% never sought help from campus mental health counselors and 45% did not utilize available accommodations (Gruttadaro & Crudo, 2012; McDonald, 2014). What remains unknown is if, or how, these students were readmitted to the institution, and how these students experienced the reenrollment process.

Another pressing issue, and one of the reasons that students take medical leave from colleges and universities, is the attempt of suicide. Suicide is the second most common reason for death among undergraduate students, with approximately 1,100 of these students dying each year (Kravets Cohen, 2007, p. 3083). For the student's family, their peers, and for college and university personnel, the loss of a student to suicide can be emotionally devastating. In addition, colleges face legal complications in the wake of these tragedies, as lawsuits against universities that have not taken adequate measures to prevent suicide are increasing (Kravets Cohen, 2007; Mowbray et al., 2006). In addition to students harming themselves, college and university leaders may fear that students with mental health conditions will harm their peers or instructors, which could impact the need for students to take mental health leave for treatment before they can safely return to their college community (Dunkle, Silverstein, & Warner, 2007). Qualitative research studies such as this could provide a deeper perspective on staff perspectives related to self-harm, liability, and the mental leave process.

The mass shooting by student Seung Hui-Cho at Virginia Tech in 2007 has resulted in a heightened awareness amongst higher education professionals on this issue (Bonnie et al., 2009; McKinney, 2009). In addition, the media has drawn attention to both high profile suicides and homicides, as well as in examining the college response and interventions following these crisis at colleges such as Virginia Tech, the University of Pennsylvania, and Cornell (Bonnie et al., 2009; Gabriel, 2010; Scelfo, 2015; University of Pennsylvania, 2015). More recently, shootings such as the one at Umpqua Community College in Oregon in October 2015, highlight both student safety concerns have become paramount, and

perpetrators are often perceived as being mentally ill by the public, regardless of whether or not a clear link to mental illness is found (Healy & Turkewitz, 2015).

The findings from this study will provide voice to those students too often stereotyped and stigmatized due to their mental illness, so that college personnel can seek out ways to develop a mental health leave policy that facilitates student success and promotes student growth, development, and degree completions. By examining the mental health leave process from a variety perspectives, this research will also shed light on the significant impact the process may have on student development. It may also illuminate how college personnel can identify and clearly communicate proactive and holistic ways to support college during and after a mental health crisis (Jed Foundation, 2006; Moses, 2008; Mowbray et al., 2008; Weiner, 1997).

Definition of Terms

A number of different terms and terminology are used when addressing college students and mental health issues. The following are definitions of how these terms are used in this research study.

Mental health. “Health conditions involving changes in thinking, mood, and/or behavior, and they are associated with distress or impaired functioning. When they are more severe, they are called mental illness. These include anxiety disorders, attention-deficit/ hyperactivity disorder, depressive and other mood disorders, eating disorders, schizophrenia, and others” (Substance Abuse & Mental Health Services Administration, 2014, par 1).

Transition. Goodman et al. (2006) described transition as, “any event, or non-event that results in changed relationships, routines, assumptions, and roles” (p. 33). Three

main types of transitions are outlined in Schlossberg's (2011) development theory, which include anticipated transitions, unanticipated transitions, and nonevents. Thus, transitions are not always crisis incidents, but instead they are events or non-events that adults must transition in and out of throughout the course of their life (Evans, Forney, Guido, Patton, & Renn, 2010).

The Mental Health Leave and Reenrollment Process. As seen in Figure 1, the mental health leave process begins when a student experiences a mental health crisis and subsequently withdraws from the college for medical reasons. A student who returns to the college after a medical leave of absence and treatment can re-enroll and continue their college journey. As seen in Figure 1, there are several iterations of how students can move in and out the process, though this research study will focus on students who have completed the process from start to finish (Jed Foundation, 2006; University of Pennsylvania, 2015).

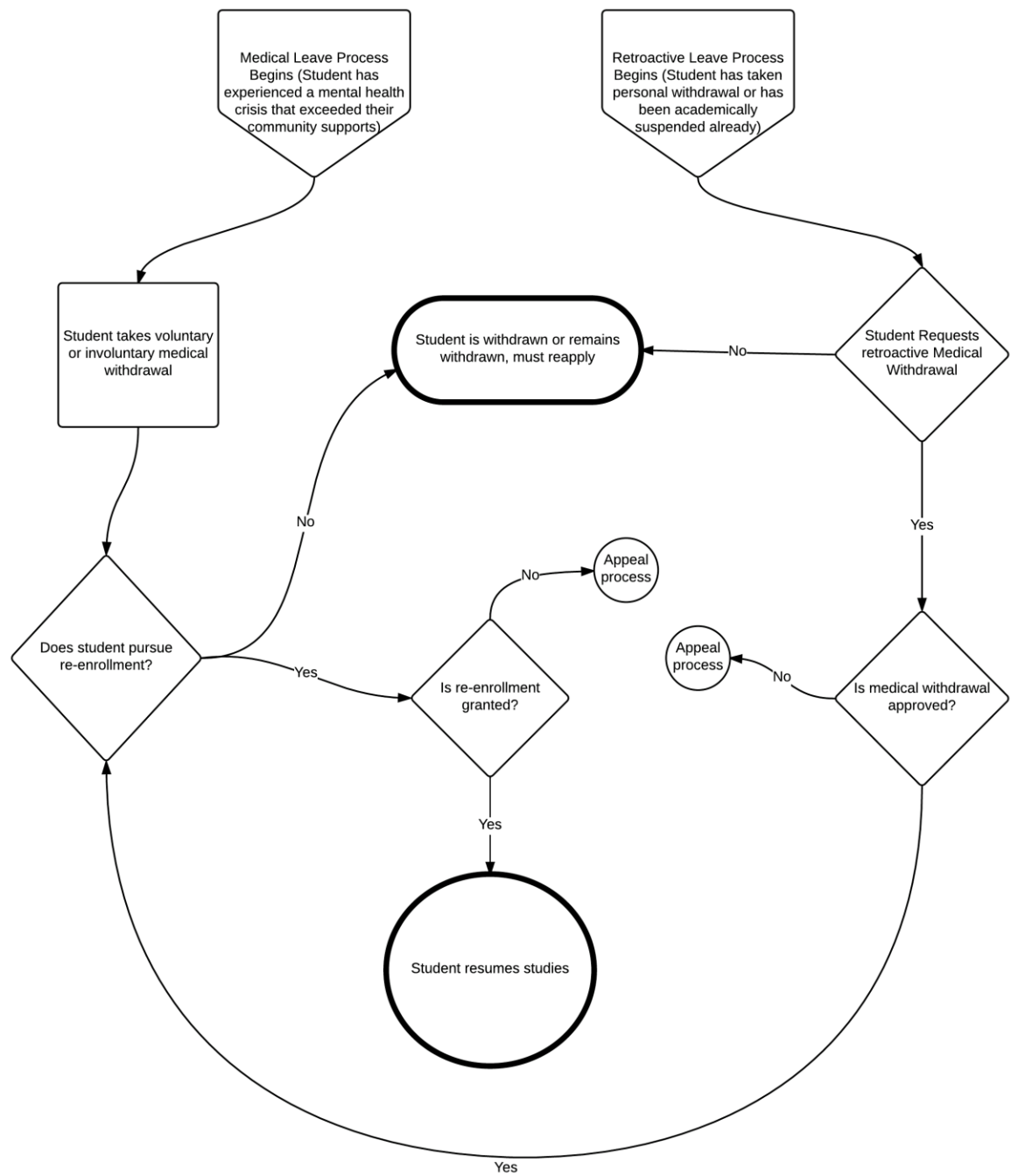


Figure 1. The mental health leave process at Greenway College (Jed Foundation, 2006; University of Pennsylvania, 2015).

Methodology

Qualitative research methods were chosen for this single-site case study to allow for an in-depth examination of the varied and lived experiences of college students with mental health conditions who participate in the mental health leave and admission process, as well as with the college personnel they engage with during this process. Due to the lack of qualitative research on this subject, as well as the frequently marginalized nature of participants living with mental health conditions, a close and individualized perspective is important (Brown, 1995; Creswell, 2012; Price, 2011). Qualitative research “begins with assumptions and the use of interpretive/theoretical frameworks that inform the study of research problems addressing the meaning individuals or groups ascribe to social or human problem” (Creswell, 2012, p. 44). This type of inquiry provides a natural backdrop for studying the complex and individualized lived experiences of college students, as well as providing an opportunity for the researcher to interact directly with research participants. In this research, the case study methodology for the collection of multiple types of data from an individual college or site, including information gleaned through interviews, observations, and an analysis of related artifacts (Creswell, 2012). A review of existing and historic policy documents helped provide a context for the study.

Assumptions, Delimitations, and Limitations

This research study is built on the assumption that individual participants told their stories with honesty, and told the full story as they recount what occurred during the transition process triggered by a mental health crisis. This research study is delimited to

- a single college site,

- with college students who have engaged in the cycle of mental health leave and reenrollment at an individual college through graduation (and therefore sought out resources and supports to move through the process),
- as well as to the college staff associated with this process. Faculty members were not included.

Qualitative case study methods, in contrast to quantitative methods, provide an opportunity for the researcher to interact directly with research participants. My interactions involved both students and college personnel for this case study, and data also included examination of related artifacts, such as emails and leave and reenrollment policies as I sought to discover common themes throughout the transition process (Creswell, 2012; Mowbray et al., 2006; Patton, 2001).

The primary limitations of this study are two-fold. First, the stigma associated with disclosing a mental health condition may not have impacted the recruitment of staff members for interviews, but it did make it difficult to find students who experienced a mental health crisis to agree to participate in my study (Eisenberg et al., 2009). In addition, because I focused on students who had experienced the entire process, and by result students who had engaged, I did not interview any student participants who had fallen out of the process at one of the transition junctures (Schlossberg, 2011). Second, my role as a college administrator may present limitations to what students and staff felt they could share with me. To address this limitation, I had students referred indirectly to me for the study, by asking associated college personnel to ask students who they personally know have been through the mental health leave and reenrollment process, and then graduated, to contact me via phone or email if they were interested in learning more about participating

in the project. Once contact was made with the students, I explained the research process and protocols, and conducted interviews with interested student participants. In addition, I was delicate in approaching College and University personnel for this study, as they may have been hesitant to participate if they perceived I have a bias or agenda that could paint them in a negative light in regard to student mental health issues and issues of liability (Creswell, 2012; Kravets Cohen, 2007).

Overview of the Literature

A literature gap exists on the specific processes surrounding the experiences, policies, and best practices and student development directly related to the mental health leave and reenrollment processes itself, as well as on the perspectives of both students and college students. Even though a research study solely addressing the reenrollment process for students who have taken leave due to mental health conditions was not found at the time of this study, there is existing literature on college students and mental health intersections (Eisenberg et al., 2009; Gallagher, 2011, 2014; Granello & Granello, 2010; Gruttadaro & Crudo, 2012; Markoulakis & Kirsh, 2013; McKinney, 2009; Moses, 2008; SAMHSA, 2014, Tosevski et al, 2010; Vogel, Wade, & Hackler, 2007; World Health Organization, 2013), best practices in college mental health counseling and student support services (Amada, 2011; Jed Foundation, 2006; Meilman, 2011), college student mental health & legal/ethical implications (Bonnie et al., 2009; Johnston, 2007; Kravets Cohen, 2007), college student mental health and academia (Brockelman, 2009; Brockelman, Chadsey, & Loeb, 2006; Price, 2011; Salzer, Wick, & Rogers, 2008), best practice recommendations (Jed Foundation, 2006; University of Pennsylvania, 2015), and the overall process of stopping or dropping out of school (Berkovitz & O'Quinn, 2006).

In addition to covering topics related to college students and mental health, the literature review in Chapter 2 also explores the history of liability issues for colleges and universities, the reenrollment process for students who have taken mental health leave, as well as student, faculty, and staff perspectives on this process. Finally, the review describes the study's conceptual framework that utilizes Schlossberg's transition theory, and discusses the connection of this theory to the broader concepts of student development (Evans et al., 2010; Schlossberg, 2011).

Summary

In addition to the physical and mental hardships suffered by a college student experiencing a mental health crisis, these students may also have to deal with the process of medically withdrawing from college. Following college processes and procedures for a leave of absence may feel complex to a student dealing with mental health issues (Amada, 2010; Brockelman, 2009; Gruttadaro & Crudo, 2012). For students who have successfully coped with their mental health conditions, another round of challenges remain as they seek to return to their college journey after a medical leave of absence. The purpose of this study was to focus on the student experience and student development related to the policy, processes, and paperwork associated with the mental health leave and reenrollment process at a case site college. Chapter 2 provides a literature review that includes known research and gaps in literature related to the policies and practices related to the readmission process following a leave of mental health leave (Jed Foundation, 2006). Chapter 3 outlines the methods used for this research and the details of data collection and analysis. A case profile is presented in Chapter 4, findings in Chapter 5, and the discussion and conclusion in Chapter 6.

CHAPTER 2: LITERATURE REVIEW

This literature review covers topics related to college students and mental health, history and liability issues for colleges and universities, and, most importantly, the reenrollment process for students who have taken leave for mental health reasons. Finally, the theoretical framework for this study will be reviewed.

College Students and Mental Health

College students face a multitude of changes and pressures, including moving away from home, academic demands, and the potential availability of alcohol and drugs (McKinney, 2009; Meilman, 2009). In addition, the traditional aged college student (18-24) is at prime risk for the onset of mental health conditions, including eating disorders, depression, mood disorders, and schizophrenia (Gruttadaro & Crudo, 2012; McDonald, 2014; McKinney, 2009; Tosevski et al., 2010). When students do not, or are unable to, reach out for support during these times of crisis, a sequence of negative events can occur, including plummeting grades, social isolation, dropping out of school, and even self-harm or suicide, with suicide being the second leading cause of death for individuals in the 10-24 year age group (Gruttadaro & Crudo, 2012; McDonald, 2014; McKinney, 2009; Tosevski et al., 2010; World Health Organization, 2013). The National Alliance of Mental Health (NAMI) found that 64% of the 765 respondents with mental health conditions left college. Of the students who left, half did not access the campus counseling center

resources, and 45% did not utilize available accommodations (Gruttadaro & Crudo, 2012, p. 8; McDonald, 2014).

As a result of improved pharmaceuticals, interventions supports, and access to reasonable accommodations, the number of students with mental health conditions now attending college has continued to rise (Gallagher, 2012, 2014). Even though many of these students will enjoy long periods of wellness, others will struggle with symptoms that conflict with their academic life. As a result, students with mental health issues may take a voluntary leave of absence to receive support or treatment, while others will be required to take a period of leave by their university (McBain, 2008; McKinney, 2009; Meilman, 2011; Mowbray et al., 2006; University of Pennsylvania, 2015).

In 2011, the American College Counseling Association (ACCA) surveyed 228 counseling center directors on current trends in college mental health counseling. The director's surveyed represented institutions that serve over 2.8 million college students, with 165,000 of these students seeking mental health services from the university in the previous year (Gallagher, 2011). Most compellingly, in the responses by counseling directors in the Gallagher National Survey, 91% of the directors reported that their clinics had seen a growing number of students with significant mental health conditions attending college between 2005 and 2010. In addition, the directors reported that 37% of their students have significant mental health conditions, with 5.9% struggling with symptoms that were so problematic, they had to withdraw from school, or remain only if they participated in intensive treatment plans (Gallagher, 2011).

In a second survey completed with counseling center directors conducted by Gallagher in 2014, and sponsored by the (ACCA), an increased trend of students taking

psychiatric medications was also noted. In the 2014 study, a total of 275 counseling directors were surveyed, representing schools composed of 3.3 million students, on topics regarding trends in college mental health counseling, with a particular focus on psychiatric medications and mental health conditions. The directors in this survey noted that 11% of students who were authorized to received treatment from their respective colleges during the previous year.

Directors also reported that they had seen an increasing number of students beginning college already on medication for mental health conditions (Gallagher, 2014). In addition, 94% reported a continued increase in college students with a mental health diagnosis, with a high rate of students seen with anxiety disorders, immediate crisis needs, medication complications, depression, learning disabilities, issues related to sexual assaults, and self-injurious behaviors (pp. 4-5). Unfortunately, these types of students are at risk for mental health crisis and a potential interrupted college journey.

College Support Services

Even though many colleges and universities provide services to students with mental health conditions, students must first make the choice to access the available services. These services can include seeking out mental health counseling, with additional services including accommodations through their college's Disability or Accessibility Services office, as well as accessing academic or tutoring support. In addition, students who engage in the mental health leave and reenrollment process may also interact with other administrative offices on campus, such as the Dean of Students office and other Student Affairs offices. Yet, this research highlights that college students do not always

avail themselves of services (Appelbaum, 2006; Bonnie et al., 2009; Brockelman et al., 2006; Jed Foundation, 2006; McBain, 2008).

Counseling services. College students may not access available mental health services due to stigma. Students may feel that seeking counseling services or disability accommodations will cause them to be shamed or stigmatized by others. In addition to public stigma, students can internalize stigma as well, making them feel too ashamed to ask for help. In Eisenberg and colleagues' (2009) study on the interaction of stigma and help seeking behaviors, researchers performed an experimental quantitative study of 5,555 college students at 13 different colleges. Using a Discrimination-Devaluation scale, surveyors found that many students had a fear of being stigmatized by others that prevented them from seeking counseling or medical treatment, even when they were struggling with debilitating symptoms. In addition, researchers found that when the college student participants revealed that they had internalized their stigma and shame, they were also less likely to access the services they needed to experience wellness. This internalization of shame proved to be particularly true for student participants in specific populations of students, including those who identified as begin male or religious (Eisenberg et al., 2011; McDonald, 2014).

McKinney (2009) conducted a small quantitative study of the non-profit *Active Minds* organization, which is an advocacy group for college students who promote awareness on topics related to suicide and stigma reduction. Some of the study participants in the *Active Minds* chapter studied had mental health conditions, while others were participating in the group as allies. Within this population under study, participants reported a more positive outlook on concepts related to stigma and help-seeking, and their

participation in group activities did appear to correlate with an increase in help-seeking behaviors. The study did not reveal if the participants engaged in any type of leave from the college, if they did take a medical leave of absence, or how they perceived the reenrollment process.

Not all college students with mental health conditions access services in the same way, as different populations of college students may vary in help-seeking behaviors. For example, in their study on college male gender role conflict and help seeking behaviors, Pederson and Vogel's (2007) research participants revealed that the relations between gender role conflict and willingness to seek counseling are partially mediated by the ability to disclose distressing information, by the self-stigma associated with seeking counseling, and overall attitudes toward seeking counseling. These findings indicate that gender role conflict may cause college men to be less willing to seek counseling than their female counterparts (McDonald, 2012; Pederson & Vogel, 2007).

In addition to sex and gender, race and ethnicity can play a role in how college students access mental health supports. In their study of African-American college students, Masuda, Andersen, and Edmonds (2012) found that fear of stigma can be a powerful barrier to access. The authors surmised that fear of stigma can prevent African-American college students from seeking mental health treatment. Leong, Kim, and Gupta, (2011) surveyed 700 college students and found a correlation between fear of stigma, concealment, and help seeking behaviors. In a study of Asian-American college students with mental illness, researchers sought out to discover if cultural factors played a role in how students perceived the process of pursuing mental health treatment (Leong et al., 2011). Many of these student participants described that the "loss of face" or shame related

to having a mental health condition, had a negative impact on help-seeking behaviors (Leong et al., 2011, p. 140). What remains unknown is how the range of reactions of students regarding help seeking strategies influences how these student engage in policies in place regarding mental health leave (Leong et al., 2011; McDonald, 2014).

Accessibility services. Students with documentation verifying that they have a disability are eligible to receive reasonable accommodations, either through an office of disability or accessibility services department on their campus, other through a designated college representative when services are decentralized. College personnel serve a variety of students with disabilities, including those with psychiatric disabilities, learning disabilities, orthopedic and health impairments, sensory disabilities, and traumatic brain injuries (Heward, 2006; Powell, 2003; Raue & Lewis, 2011; Wolanin & Steele, 2004). An average of 10% of college students have a documented disability, with 17.1% of this group being composed of students with mental health or psychiatric disabilities (Duffy & Gugerty, 2005; Raue & Lewis, 2011; Singh, 2011; Wolanin & Steele, 2004). As discussed previously, the number of students with mental health issues, sometimes referred to as psychiatric or mental disabilities, such as depression, anxiety, and mood disorders are on the rise, and these students are potentially eligible for reasonable accommodations under the Americans with Disabilities Act (Brockelman et al., 2006; McDonald, 2015).

In order to receive supports in the classroom based on their mental health condition or psychiatric disability, students have to be willing to disclose their illness and ask for support in the form of accommodations. In their quantitative study regarding mental health issues in college, Salzer et al. (2008) surveyed 520 current and former college students with existing/documentated mental health conditions. First, this study explored whether or

not college students with mental illness were aware of the process for seeking out reasonable accommodations, and second, whether or not these students understood that seeking out the accommodations could result in improved academic outcomes. Salzer et al. (2008) discovered that while currently enrolled students were more aware of how the accommodation process logically works, 45% reported that they did not feel they needed them. As noted above, the stigma of being labeled with a mental illness is one reason students may not access available services. Those who did seek assistance most often did it indirectly by asking faculty directly for accommodations, instead of seeking out formal assistance that required documentation (Mowbray et al., 2006; Salzer et al., 2008).

Gruttadaro and Crudo (2012) found similar results in their survey of 765 college students with mental health conditions, conducted on behalf of the National Alliance on Mental Health (NAMI). Half of the students surveyed indicated they had chosen not to disclose their mental health diagnosis to a disability or accessibility services designee, preventing them from receiving accommodations (Gruttadaro & Crudo, 2012). Results of these studies indicate a need for collaboration between mental health and disability services personnel to help prevent students with mental health conditions from leaving school or not graduating as a result of their condition.

Colleges and Liability

Colleges and Universities have a myriad of considerations when working with students who have mental health conditions, particularly in regard to concerns over their academic success, well-being, and the potential for harming others or themselves. In addition, recent public and media attention over violence on college campuses and student suicides have exacerbated already tense discussions and policy reviews conducted by both

lawmakers and college administrators on issues related to college students and mental health (Bonnie et al., 2009; Gabriel, 2010; Scelfo, 2015; University of Pennsylvania, 2015).

The Virginia Tech Massacre legacy. In the Bonnie et al. (2009) legal and policy review of the 2007 Virginia Tech tragedy, in which student Seung Hui Cho murdered 32 people on the college campus before committing suicide, researchers examined how college mental health processes and emergency protocols have evolved since the tragedy. Bonnie et al. (2009) also detailed the results of a 2008, then bi-partisan Virginia Commission on Mental Health Reform held in the aftermath of the Virginia Tech Massacre. The findings of the Commission's highlighted the fact that the Virginia Community Service board was conducting up to 50,000 emergency student evaluations each year, with 20,000 of these students experiencing an involuntary hospitalization during the same time period. The Commission's recommendation for holistic reform of mental health services in Virginia included increased access to non-mandatory treatments, promotion of self-advocacy strategies, a reduction in the criminalization of individuals with mental health conditions, and a re-evaluation of best practices in mandatory versus voluntary commitment. What remains unknown is if these suggested reforms have been systemically institutionalized on college campuses in a manner that directly impact how students, and staff and faculty who work with students with mental health problems perceive the current system of care and help available.

In the case of Seung Hui Cho, the shooter in the Virginia Tech incident, he had been evaluated in one of the Community Service Board's mental health screenings prior to the massacre, and after being held overnight, he was ordered to undergo outpatient treatment. Cho, however, did not follow up with the judge's order that he receive outpatient

treatment, and was subsequently not legally penalized for his refusal. In the aftermath of the shootings, these shortcomings can be viewed as a missed opportunity for state mental health services to have collaborated with the Virginia Tech campus police and counseling center following Cho's refusal to access mental health treatment in order to help build a safety net for gaps in service. Even though these missed opportunities may be clear in retrospect, it is important for colleges and universities to develop policies and practices that encourage collaboration between internal and external stakeholders to fully support students with mental health conditions (Jed Foundation, 2006; University of Pennsylvania, 2015).

The Family Rights and Educational Privacy Law of 1974 (FERPA) and Suicide Liability

In addition to the legacy of the Virginia Tech Massacre, many colleges and universities have wrestled in a tangle of suicide liability and The Family Rights and Educational Privacy Law of 1974 (FERPA) Regulations (Johnston, 2007). FERPA is a federal law that protects the privacy of student confidential records. FERPA regulation adherence is tied to federal funding. Under FERPA, colleges and universities cannot disclose the student's private records to anyone but the student without a signed release form, not even to their families. However, FERPA does hold an exception that schools can contact family members in the case of health risk or emergency. Despite this exception, some schools do not notify parents when a student has experienced a mental health crisis or suicide attempt, while others have included this practice as a mandatory aspect of their mental health and emergency processes. Some that do not have cited their fear of federal

funding loss if they breach FERPA confidentiality statutes (Jed Foundation, 2006; Johnston, 2007).

In a legal review of the FERPA law and its connections to communication related to college students and suicide liability, Gearan (2005) explained that, traditionally, suicide law in the United States has not placed blame or liability on third parties, based on the following premises:

1. The suicide victim was a wrongdoer entitled to no relief;
2. Suicide is extremely difficult to prevent;
3. Preventing suicide requires an affirmative duty which the common law traditionally limits; and
4. Foreseeing suicide requires special knowledge and training. (p. 1026)

However, two exceptions to the FERPA law have been noted in recent years. In Johnson's (2007) legal review on suicide and the FERPA laws, she explained that in these two exceptions, liability is placed on individuals who have a direct impact on the person in question, because they have injured or tortured the person who commits suicide. The second exception places liability on those who have a "special relationship" with the individual who attempts/commits suicide, such as medical providers (Johnston, 2007, p. 214).

In the case of colleges and universities, court proceedings have frequently ruled on the side of the university when families have brought suit against schools following student suicides, as in the cases of *Jain vs. Iowa* (2000) and *Mahoney vs. Allegheny College* (2007) (as cited in Kravets Cohen, 2007). However, an exception of liability is made when universities have complete or sole responsibility for the welfare of a student, such as when

a student is in the custody of campus police, or being treated in campus medical facility. In addition, if school personnel have knowledge or interaction with a student during a suicide attempt, this may constitute a special relationship and therefore bounded as liable if a second attempt occurs (Kravets Cohen, 2007). While student health and welfare should always be the top priority in the creation of policy and practices regarding college students with mental health conditions, concerns over how to support students through processes that are legally compliant are a real and present aspect of mental health policy and practices on college campuses (Kravets Cohen, 2007).

The Mental Health Leave and Reenrollment Process

Even though there is not currently a qualitative or quantitative research study explicitly addressing the student development impact of the mental leave and reenrollment process for students who have taken leave due to mental health conditions, there are existing policy recommendations on how postsecondary institutions should develop best practices and policies during the mental health leave and reenrollment process (Jed Foundation, 2006). There is also empirical research on the process and consideration of academic exceptions and accommodations students, the overall process of stopping or dropping out of school, and the ethics of mandatory counseling for college students with mental health conditions, and the connections between suicidal ideations and medical withdrawals. In addition, there are several colleges and universities who have made public their policy and processes for handling these processes (Jed Foundation, 2006; Mowbray et al., 2006).

Meilman's (2011) essay on academic exceptions for students with mental health conditions who are experiencing symptoms that are interfering with their academic success

recommends some specific strategies and supports that can allow students to stay in school even when they are not experiencing wellness. He suggests a connected team of supports, including faculty, counseling staff (when applicable), and the Dean of Students office. Specific suggestions for supporting students who are experiencing a crisis also include extended due dates for assignments, flexibility in exam scheduling, incompletes, course withdrawal or multiple course withdrawal, and lastly, medical leave of absence (Meilman, 2011). At the author's home institution of Georgetown, he claims that a student taking a leave of absence for medical reasons is always the last step in the process. This withdrawal status is granted only when all other options have been exhausted, and when the student's mental health condition has made it impossible for them to continue with their academic agenda. At this stage, when a leave is required at Georgetown University, students are required to take at least a six-month absence to ensure they have had time to complete a treatment process. In addition to treatment, the student must complete four months of volunteer, work, or school experience. At this point, a committee is designated to review the medical treatment plan and records for the student, to decide if they have met all of the requirements for reenrollment, then they make a recommendation that the student be allowed to return to campus. Students at Georgetown expressed many fears about the process of withdrawal and reenrollment, specifically, that they are afraid they will not be able to return, that they will not be able to graduate with their class, or that they will have difficulties in regard to their financial aid. College staff members can provide supports to students as they transition through the stressful aspects of the process, if students are willing to accept their support.

Meilman (2011) stressed the importance of collaboration on the part of college staff, including Faculty, Deans, and the Office of Counseling, stating that “preserving their academic standing, allowing them to get through the rough spots and resume regular coursework when they are ready, and ultimately paving the way to a bright future” (p. 267). Further research on this process could shed light on whether or not these fears and concerns extend to college students on other campuses as well.

In his article on the complications of mandatory counseling for college students, Amada (2010) discussed the ethical implications of required psychological counseling for students on college campuses, delineating a distinct difference between students with mild to moderate conditions, as opposed to students who are at risk of harming themselves as others. Amada (2010) referred to the Virginia Tech Massacre as a perceived “wake-up call” for colleges (p. 284). Even though the incident at Virginia Tech provided a valuable platform for pursuing more cohesive mental health care to students with significant mental health conditions, the massacre has also increased the scope of mandatory counseling required by many institutions. Further, the post Review Panel of the Governor of Virginia’s Mass Shootings at Virginia Tech specifically recommended that students struggling with mental health conditions should be obligated to attend counseling if they want to continue being enrolled as students at their respective institutions (Amada, 2010). These recommendations and practices have not yet been linked to research on impact of the mental health leave process on student success and development.

While some students will access resources such as counseling support voluntarily, others may be required to do so by their institution. However, Amada (2010) cautioned on the use of mandatory counseling for students who are not a serious threat to themselves or

others, which includes both on campus counseling and required counseling during the reenrollment process. For example, a student at Valdosta State University (VSU) in Georgia, who was expelled for being a danger to others after posting flyers protesting new campus parking structures, was required to attend mandatory psychiatric counseling to return (Amada, 2010). Instead, the student filed a federal lawsuit, and VSU rescinded their order of expulsion, though the student was too alienated to return (Foundation for Individual Rights in Education, 2010, as cited in Amada, 2010, p. 286). In addition to punitive actions against students, Amada (2010) cautioned on the risk of power differentials between deans and on-campus counselors, who may have their own ethical positions against mandated therapy. Even though the author was clear on his own bias against mandatory counseling, his cautions on the ramifications of requirements for students with mild to moderate health conditions underscores the importance of students being treated on an individual, case-by-case basis when they engage in mental health policies and processes facilitated by the college.

Berkovitz and O'Quinn (2006) conducted a quantitative study of students who had left, or "stopped out" of school due to academic, economic, and personal hardships (p. 199). Berkovitz and O'Quinn used archival data from re-admitted students who had participated in the New York state supported Educational Opportunity Program (EOP), which provided low-income students with limited resources and minimal academic backgrounds with academic, counseling, and financial support. A review of the archival data found that of the EOP students who had left college, 27% never returned to school. Of those who did return, almost half graduated, though they typically took longer to complete than students who had not been through the reenrollment process. Researchers

also found that the transition support provided by the EOP program increased students likelihood of success, and indicated a need for continued research on best practices in supporting students who are at risk for dropping out of school. Even though this article highlighted the importance of transition support in reenrollment, it did not clearly articulate the number of students whose personal reasons for stopping or dropping out of school included mental health conditions, nor can the results be generalized to outside of this low-income populations of students.

With minimal research on this subject, it is possible that college students with mental health conditions may have very similar or very different reasons for withdrawing from courses or school programs all together. In Weiner's (1997) qualitative study on college students with mental health conditions, she conducted interviews with college student of various ages to find out how their mental health conditions had affected their decision to withdraw from courses. Study results indicated that this population of students has its own distinct reason for dropping out of courses or school, including the severity of their symptoms, and their ability to perform academically while enduring mild to severe symptoms and medication side effects. The participants who had experienced a mental health crisis that resulted in hospitalization were at the highest risk for leaving school, even when accommodations were provided by their college (Weiner, 1997).

Student Development and Transition

Student development theory is a valuable tool for college personnel and student affairs practitioners to "identify and address student needs, design programs, develop policies, and create healthy college environments that encourage positive growth in students" (Evans et al., 2010, p. 7). The theoretical framework for this study uses Nancy

Schlossberg's (2011) adult development theory to explore the transition process when college students encounter a mental health crisis that results in medical withdrawal from their post-secondary institution. Schlossberg (2011) drew on the work of Arthur Chickering (1969), and other student development theorists, in developing a transition theory of adult development (Evans et al., 2010). Transition theory extends previous work by focusing on college student development as "operationalizing variability" (Evans et al., 2010, p. 213). Essentially, Schlossberg (2011) created a framework for understanding how adults handle the transitions of life. Schlossberg's (2011) theory can also be applied to student development and used as a lens for evaluating the interruptions college students face in their journey to college graduation, including those experienced during and after a mental health crisis (Evans et al., 2010; McDonald, 2014).

Goodman, Schlossberg, and Anderson (2006) described transition as "any event, or non-event that results in changed relationships, routines, assumptions, and roles" (p. 33). Three main types of transitions are outlined in Schlossberg's (2011) development theory, which include anticipated transitions, unanticipated transitions, and nonevents. Thus, transitions are not always crisis incidents, but instead they are events or non-events that adults must transition in and out of throughout the course of their life. For example, leaving home to attend college is an anticipated transition for many young people, one that most have been planning and preparing for much of their lives. Alternately, having a mental health crisis that results in a medical withdrawal from college would likely be unanticipated by both students and their families, and potentially disruptive to plans for graduation. The segments of these transitions are referred to as "moving in, moving out, and moving through" life transitions (Goodman, Schlossberg & Anderson, 1995, p. 26). Given the

focus of this research study, it is important to understand from a student perspective the experience of moving out of college due to a mental health crisis and moving back into college after a leave.

According to Schlossberg's (2011) transition model, the individual must understand and learn how to identify the transitions that occur in their life and find ways to cope with them (Evans et al., 2010; Lichty, 2013). According to Goodman et al. (2006), an individual must "decide if the transition is positive, negative or unimportant as well as a doing a self- inventory of the skills and resources needed to for the transition" (p. 216). At the heart of the transition theory are the core elements of adult transition, which include four coping factors-referred to as "The 4 S's" (Schlossberg, 2011, p. 160). The first factor involves the individual examining their own *situation* to discover and identify what triggered it, and what kind of impact it may have on their life. Examples of situations for college students with mental health conditions could include the onset of new symptoms brought on by a change of medication or the impact of stress. The second factor is related to the *self*, which has two aspects, and includes both a person's individual traits characteristics as well as their psychological resources and stamina. These characteristics can help or hinder students during important transitions. The third is *support*, which refers to the moral support received in transition from others. For college students this can include family, peers, faculty members, college staff, and support services. Lastly, *strategies* describe typical coping measures, which can include attempting to change the situation, trying to control it, and skills for handling the possible aftermath or consequences of a transition. In this study, each of these coping elements will be examined at important

junctures of the mental health leave and reenrollment process in Figure 1 (Evans et al., 2010, pp. 216-217; Lichty, 2013; McDonald, 2015; Schlossberg, 2011).

Transition theory can be used to identify the experiences of unique student populations. For example, in her qualitative case study of active duty military students who experienced the transition of military deployment prior returning to college studies, M. Brown (2014) used Schlossberg's (2011) transition theory to analyze the impact of deployment on the college journey of her 10 study participants. Results indicated that students experienced significant unanticipated challenges when returning to college after military service, including a significant struggle to comply with distance learning requirements, difficulty in maintaining focus and attentiveness to their studies, and a struggle to find supports by self-advocating with faculty (M. Brown, 2014). This population of college students was unique given their military service, but we know too that veterans often suffer from post-stress traumatic distress syndromes and other mental health issues and could potentially become engaged in the mental health leave process.

The transition to college experienced by current and former foster youth can be challenging. Scott (2012) explored the transition of current and former foster care youth in Virginia through the lens of Perna's (2006) Multilevel Model of College Enrollment and Schlossberg's (2011) transition model. Through qualitative interviews of former foster youth enrolled in Virginia community colleges, Scott (2012) used Schlossberg's (2011) model to examine each individual foster youth's own experience as they transitioned from high school to college. In her findings, Scott (2012) noted that with little to no support from their families, foster youth transitioning into college needed additional financial and moral support to help them into, through, and out of college. What remains unknown is

how the population of students in this current study (college students with mental health conditions) will find support to aid them in their transition process.

Glass (2010) explored the process of transition for college students with mental health conditions. She interviewed 21 students aged 18-19 year olds, with the intent of identifying factors or qualities that allowed them to move to, through, and out of college to graduation, and how environmental factors influenced the process. Although her study stops short of exploring the singular experience of mental health leave and reenrollment, results indicated that participants dealt with academic obstacles that many of their peers do not have to cope with. These include managing the symptoms that go along with mental health conditions, developing strategies for adapting to and coping with medication side effects, applying for and accessing accommodations and support, and choosing how and when to share their diagnosis and treatment plans with friends and classmates.

Summary of the Literature

Students who experience mental health crisis can face challenges when they seek to transition back into their College or University after a medical leave of absence. The policies and practices related to the reenrollment process following a mental health leave serve multiple ends, including providing a safety net for students, as well as providing the university with processes and protocols to support both students and the college community during or after a student experiences a mental health crisis. This study sought to fill a gap in the literature on the mental health leave and reenrollment process regarding the experience of students and staff related to this process. The literature reviewed helps bolster the study based on research regarding related topics, including college students and mental health, history and liability issues for colleges and universities, and

recommendations on reenrollment processes for students who have taken leave for mental health reasons. Finally, Schlossberg's (2011) transition theory provides a lens to explore the impact that the mental health leave and reenrollment process has on student participants in this research. Staff perceptions of the student transitions help provide a holistic review of the process.

CHAPTER 3: METHODOLOGY

This chapter provides a description of the proposed research design for this study. The question at the heart of this research examines how the mental health leave and reenrollment process impacts college student development, particularly as it is related to the student's transition into, through, and out of the process. This study will also consider the perceptions of college staff as they work to advocate and support students who are both considering and engaging in this process, and how students move through and cope with each step of the process, focusing through the lens of Nancy Schlossberg's (2011) model of four transition elements which describe the situations, supports, self, and strategies that allow students to develop, grow, and complete their degrees after an unanticipated mental health crisis occurs. In addition, this study examines the perceptions of both students and staff participants who have engaged in or around the mental health leave and reenrollment process.

Organizationally, this chapter will first articulate the rationale for employing a qualitative research design, and then specifically outline the case study methodology that frames the research. Next, the procedures and protocols for the study design are detailed, along with the institutional review board parameters, study participant criteria, and data collection procedures. The chapter concludes with an explanation of the precautions taken to ensure participant anonymity, integrity of data, and finally with the steps taken by the researcher to adhere to professional ethical standards (AERA Council, 2011; Creswell, 2012).

Research Design

Qualitative research methods were chosen for this study to allow for an in-depth examination of the varied and lived experiences of college students with mental health conditions who participate in the mental health leave and admission process, as well as with the college personnel they engage with during this process. In addition, qualitative case study methods, in contrast to quantitative methods, provided an opportunity for the researcher to interact directly with research participants, including both students and college personnel, while also providing an opportunity to examine related documents for common themes (Creswell, 2012; Mowbray et al., 2006; Patton, 2001; Yin, 2014).

Case study design. Of the qualitative design options available, a case study method was selected as this approach is commonly used in education research and provides a means to bind or focus in one aspect a study (Creswell, 2012; Merriam, 1998). This single site case study allowed me to identify and examine a particular “case,” which in this study is bounded by the mental health leave and reenrollment process at the college site (Yin, 2014, p. 31). Both staff and student participants were interviewed for this study. The following criteria were used to identify student participants:

- Students who have had a mental health crisis while enrolled at college.
- Students who have taken a medical withdrawal.
- Students who have reenrolled in the same college following mental health leave.
- Student who graduated from their degree program following one or more episodes of mental health leave and reenrollment.

It also includes the following criteria for staff participants:

- Staff members who have played a direct role in supporting students who have taken a medical withdrawal.
- Staff members who have played a direct role in supporting students who have reenrolled in the college following a mental health leave reenrollment.

The case study research design allows for exploration of the college mental health leave and reenrollment process itself by delineating the applicable interview and documentation data that needs to be collected, interviewing student and staff participants, and then determining how to analyze the collected data for relevant themes and connections at an individual case site (Yin, 2014).

Case study research begins with a rigorous review of correlated literature. Then, according to Yin (2014), there are five essential components to developing a case study research design. These five components will serve as the basis of this research design and include:

1. a case study's questions;
2. its propositions, if any;
3. its unit(s) of analysis;
4. the logic linking the data to the propositions; and
5. the criteria for interpreting the findings. (Yin, 2014, p. 29)

Case Study Research Questions

1. What messages do campus staff intend to communicate to students in regard to the policy, processes, and paperwork associated with the mental health leave and reenrollment process?
2. How do students experience the mental health leave and reenrollment process?

- a. What barriers and/or resources do students encounter during the mental health leave and reenrollment process?
- b. How do students transition through the mental health leave and reenrollment process?

Paradigm

Qualitative research “begins with assumptions and the use of interpretive/theoretical frameworks that inform the study of research problems addressing the meaning individuals or groups ascribed to social or human problem” (Creswell, 2012, p. 44). In this study, case study methodology allows for exploration of both students and staff through the lens of an interpretivist pragmatic paradigm (Creswell, 2012). Through semi-structured interviews, this perspective allows the researcher to explore the ontological nature of what is useful, essentially “what works” (p. 3), and more specifically for this study, what works for staff and student participants. This perspective provides a lens into how participants understand and express their own reality, role, and values related to the mental health leave process (Creswell, 2012, p. 3). Due to the lack of qualitative research on this specific subject, as well as the frequently marginalized nature of participants living with mental health conditions, a close and individualized perspective to both student participants and the staff who support them is important to provide voice and perspective on this under researched topic (Price, 2011; Weiner, 1997).

Data Collection

A single medium-sized public research university served as the site for this case study. To illuminate the mental health leave and reenrollment process from different perspectives, three main sources of data were collected for triangulation. These include

student participant interviews, staff participant interviews, and emails associated with the process at the single research site. By offering participants to participate in multiple interviews and receiving and coding email artifacts produced by one student participant, I was able to explore multiple resources (Yin, 1994). In addition, researcher memos, field notes, and bracketing were reviewed and coded as part of the study data analysis. Policy and process documents were reviewed to assist in the creation of process figures. The initial goal for data collection was the appropriate selection of a site for case study (Yin, 2014).

There are two distinct groups of participants in this study. The first is college personnel who have had direct interaction with students who engage in the medical withdrawal and reenrollment process at their college, and includes individual interviews with members of a Student Affairs office and Counseling staff, for a total of eight staff participants. Unfortunately, one of the staff interview recordings was damaged, so seven interviews were analyzed. It is important to note that while staff participants were interviewed, confidential student data about individual students during these staff participant interviews was never requested nor was given.

The second group of participants was composed of former undergraduate students who had engaged in the process of mental health leave and reenrollment at the case site location. Because of my personal experience as a higher education administrator, I perceived a potential conflict of interest as well as a potential power differential. I took an indirect approach to securing student participants for interviews, which inadvertently contributed to the procurement of a small, but rich sample pool. I contacted Student Affairs staff at the college site who had interacted with students who graduated from the college after engaging in their mental health leave and reenrollment process, and asked them to

refer students to me for participation via email or social media (Appendix A, Appendix B, Appendix C), thereby creating an referral approach for recruiting students that prevented me from directly contacting existing students. I provided a list of student names provided by the college to staff participants in an effort to aid in their recollection of students they had engaged with during their process. In addition to this outreach for referrals, I encouraged student participants to refer students to me when applicable, with hopes to glean participants through the snowball method. Unfortunately, the snowball method was not successful in this study in regard to student participant referral, as students stated that they were not in contact with other students who had been through the process and also expressed concern with the idea of breaching perceived confidentiality. While I originally targeted a sample of ten students, I ended up having seven students contact me with interest in the study, and of these seven, I had four agree to participate in interviews, and I also received multiple written artifacts from one participant. If I had received referrals beyond this number, my plan was to interview students who have been most recently involved in the process (Creswell, 2012; Van Manen, 2007).

Site selection. In order to comprehensively research this case, I needed to find a postsecondary institution or institutions that allowed sufficient access to multiple sources of data to explore the research questions. I was interested in finding a venue that would allow for access to information from both the student and college staff perspective, as well as gaining access to some of the policies and documentation connected to this process. Initially, I considered a multi-site design, as it might have provided a broad and contrasting range of information. However, the difficulty in gaining access to multiple sites was difficult, and the unique nature of the final selected site warranted greater attention as it

provided the possibility of more depth for analysis. The site in question is a medium sized public residential college with a procedure and staff dedicated to the mental health leave and reenrollment process. In May 2015, I gained internal access to information to the site for the study through a summer research position and during this process obtained authorization from the college site in question, which I will refer to as Greenway College. This early exposure to the site provided an opportunity to build trust among gatekeepers and ultimately resulted in final approval from the institution to conduct the study (Merriam, 1998; Yin, 2014).

Participant sample and recruitment. Both students and staff participants were selected as part of a purposive sample for this study (Yin, 2014). There are two distinct groups of participants in this study. The first is staff members who have had direct interaction with the medical withdrawal and reenrollment process at Greenway College. The staff protocol focused on individual interviews with members of the Student Affairs department at the College.

The second group of participants is composed of undergraduate students who have engaged in the complete process of mental health leave and reenrollment at Greenway College. Because of this sensitive nature of this topic, and my potential conflict of interest, I took additional precautions in addition to the standard American Psychological Association (2010) guidelines. Ten Greenway college staff members who had interacted with students who have been through the entire mental health leave and reenrollment process as part of their professional duties, were contacted and asked to approach recruiting participants (Creswell, 2012). Of the students who graduated from Greenway College after participating in the process, referring staff had relationships with approximately 25

students with whom they made direct contact with via email or social media. Of those contacted, seven responded to me with interest in interviewing, with four of the seven deciding to complete interviews.

Interviews. College support personnel and faculty members play a powerful and dynamic role in the lives of the students they work with. Interviewing students who have been associated with this process may also provide insight into more inclusive college programming and planning. Both staff and student participant interviews were conducted with a semi-structured set of interview questions that were submitted to participants prior to the interview being conducted. One follow-up interview was conducted with the student participant who submitted email and letter artifacts. Student participants were asked questions related to their perspectives on this topic, as it relates specifically to the process in Figure 1, as well as on their own lived experience as a participant in the process. By choosing students who had been through each step of the process, I was able to elicit a comprehensive perspective on the entire cycles' impact on the student development of the students involved. Staff participants were also asked questions related to their perspectives on this topic, as it relates specifically to the process in Figure 1.

Even though participants were encouraged to explain their stories in their own words, with the exception of the question directed to the individual student experience, initial questions focused on the linear process in place that is guided by the university's mental health leave and reenrollment process. To provide additional support to participants, interviews at locations out of the Dean of Student's office were offered when requested, potentially booking rooms in the library or School of Education if preferable, or for more anonymity, reserve rooms in the town's public library. However, none of the four

students that were interviewed lived in this geographic area, so interviews were conducted via conference call.

When conducting the student participant interviews, a semi-structured interview process was used. Intentional reflexive bracketing in field notes were also used, after completing a Researcher as Instrument statement, with the intention of putting aside research bias to focus more on the student and staff experience. This reflexive process was particularly important in comparing my original thoughts on the liability priorities of staff with the student development values articulated by staff participants in their interviews. Frequent member checking, particularly with the student interview participants, was performed, and provided reminders to both students and staff of the availability of terms of the consent form at the conclusion of each interview (AERA Council, 2011; Creswell, 2012; Hutcheon & Wolbring, 2012).

Data Management

To protect the confidentiality of current and former students who have engaged in the process at the college, a deliberate effort was made to not request staff or student participants to provide information they deemed too confidential or sensitive to discuss. Summaries of the information that was generated during the interviews was read and reviewed to check and correct them for accuracy. All information obtained in this study was done so with informed consent (Appendices D & E) and was recorded with a pseudonym of the participant's choosing. A code list was created to identify the participant and the pseudonym chosen, only the researcher knows the identity of the participant. At the conclusion of this study, the code list linking the participants with their pseudonym will be destroyed, and interviews that were audiotaped will be deleted. Any additional data

created in the form of analytic memos will also be deleted at the conclusion of the study (Yin, 2014).

Ethical Considerations

Ethical standards are strengthened in a case study design through the use of professional standards, which for this study will be the American Psychological Association (2010) guidelines for publication and the AERA Council Code of Ethics (2011). The Institutional Review Board standards on human subject research at The College of William and Mary in Virginia were also followed for the duration of this study.

Data Analysis

Interviews were transcribed through the use of audio recording, verbatim, and line by line by an online transcription company (Rev.com), who provided a client non-disclosure disagreement (Appendix F), and deleted files upon request at the conclusion of the data collection process. Student email documents were coded and analyzed for themes line by line along with the interview transcripts. This also included analytic memo writing, field notes, and bracketing to help with the iterative process of coding through the research process (Chan, Fung, & Chien, 2013; Yin, 2014). The Qualitative software package NVivo was used for assistance with data analysis. This process strengthened the triangulation methods that are characteristic of a strong case study, as “any case study finding a conclusion is likely to be more convincing and accurate if it is based on several different sources of information, following a similar convergence” (Yin, 2014, p. 120). The following section outlines the coding process for the focus groups, interviews, and document analysis.

Coding. In qualitative research analysis, coding can provide the researcher with the opportunity to hone down interview transcripts and text from related artifacts into shorter messages and key phrases that can be categorized into themes for data analyses (Saldana, 2013). The primary method of coding for this analysis was selected *a priori* codes before the analysis begins (Saldana, 2013). Because the primary codes were determined from Schlossberg's (2011) four coping areas: Situation, Support, Self, and Strategies, analysis will follow these theoretical propositions to analyze how the process of mental health leave and reenrollment impacts student development through periods of transition (Schlossberg, 2011; Yin, 2014). It was important to be mindful of these choices during analysis to determine how the student's encountered each part of the leave transition process using Schlossberg's (2011) four coping strategies, so the analysis began with an initial primary method of theoretical coding (Saldana, 2013).

After applying Schlossberg's (2011) method as theoretical coding during the primary phase, the secondary method of coding was applied through the use of values coding (Saldana 2013). Values coding is method for capturing a participant's unique perspective, with the value being the "importance we attribute to oneself, another person, thing, or idea" (Saldana, 2013, p. 111). This form of secondary coding provided a way to contrast the different participant's perspectives and attitudes about the process and case itself. In addition, values coding "is applicable not only to interview transcripts, but also to field notes" (Saldana, 2013, p. 11). In this study, values coding was also applied to analytic memos and bracketing during triangulation of data and memo analysis (Yin, 2014).

Themes. Themes, in essence are a direct product or “outcome of coding” (Saldana, 2013, p. 13). After the staff interview responses were transcribed, a primary and secondary method of coding were used: first primary theoretical codes based on Schlossberg’s transition theory, and then secondary value codes that focused on the crosswalk table for staff participants (Appendix G), which are built on the framework of the staff interview questions, research questions, and Schlossberg’s Transition theory (2011) relevant themes that can be extrapolated for further analysis. In kind, the student participant interviews were coded through the same process (Appendix H), focusing on the same study research questions, individual interview questions, and juncture correlations to the four coping methods in Schlossberg’s (2011) transition theory: Situation, Self, Supports, and Strategies. Through these extrapolated themes, particularly those based on secondary value coding, a “narrative material” emerged to shed a more personal light on not just the case itself, but also into patterns and stories that emerged as students engaged in the interview process (Yin, 2014, p. 126).

Trustworthiness

According to Yin (2014), trustworthiness can be a valuable measure for judging the quality of a research design, both for the researcher and study participants. Lincoln and Guba (1985) have outlined four measures to be followed for ensuring trustworthiness in qualitative research. These four criteria include credibility, transferability, dependability, and confirmability. Trustworthiness standards are also bolstered by the practice of conducting of a rigorous review of the literature, careful and honest documentation of resources used, and a deliberately articulated and executed methodology and research design (Shenton, 2004; Yin, 2014). One of the methods used to ensure trustworthiness was

a peer review and debriefing process, in which two researchers in the field were requested to review transcripts and analyze coding practices to provide feedback on both student and staff interviews (Guba, 1981).

Even though trustworthiness standards are important in any qualitative study, I am particularly cognizant of ethical concerns regarding the anonymity of students with a mental health condition, and knew that this would require delicacy, due to concerns over stigmatization (McKinney, 2009). In addition, it was known that there was the possibility that interview questions on this topic would bring up topics that may be upsetting or triggering. Students were provided with a pseudonym for anonymity. They also received, reviewed, and signed a copy of an informed consent protocol. Frequent member checking, in the format of allowing students and staff to read each new transcript for trustworthiness and accuracy were performed as well as peer checks. Triangulation of data using student interviews, staff interviews, and document analysis reinforced the trustworthiness of this study (Creswell, 2012; Patton, 2001; Yin, 2014).

Researcher as Instrument

In qualitative research, there are no controlled experiments or quantitative surveys. In this case study, the researcher instead is the instrument. As noted, I interviewed both student and staff participants, and analyzed related policy and procedural documents (Creswell, 2012; Yin, 2014). One of the most important intentions of this study was to address the gap in research regarding how student development may be impacted by a student's engagement in the mental health leave and reenrollment process. People with mental illness are often stereotyped, stigmatized, and infantilized. Anyone can be affected at any time by mental illness, and college students are no exception. Individuals with

mental health conditions may be viewed by a wide variety of stereotypes, which range from a perceived propensity for violence to being gifted or a savant. In her book on Mental Health Rhetoric and higher education, Margaret Price (2011) addresses the need for student voice when she asks,

Who will tell the stories? Who is privileged or de-privileged through the telling?

In what ways might we want to change the stories we are telling, the ways we are the imagining the proper place of the disabled mind in college? (p. 2)

As a researcher, I sought out the direct voice of the participant through one-on-one student and staff interviews (Price, 2011; Yin, 2014). I used an interpretivist process of inquiry. I examined my own bias, as well as any preconceived ideas of mental health or personal experience with college students who have engaged in this process. As I have over 10 years of experience working with secondary and post-secondary students with disabilities and mental health conditions, and it was important for me to remain diligent about using my researcher's journal so that I could be wary of my personal experience or bias seeping into my interpretation for coding and themes. To that end, interpretations and preconceived ideas of the outcome were challenged and continuously evaluated through the researcher's journal, analytic memos, and notes prior to, during, and after the study during themes and coding (Creswell, 2012; Yin, 2014).

Summary

This chapter detailed the methodology and design of my qualitative case study. With this design as my guide, I plan to interview both student and staff participants as well as to analyze policy and procedural documents connected to the mental health leave and reenrollment process at my selected research site. To fully answer my research questions,

I use Schlossberg's transition model to evaluate the transition college student's make as they journey through the mental health leave and reenrollment process as described in Figure 1.

CHAPTER 4: CASE PROFILE

Greenway College is a mid-size, top tier public research university located in the United States of America. As an institution, Greenway College prides itself on being academically rigorous and competitive, which emerges in perceptions of the study body regarding the level of “specialness” they feel being at the College. Greenway is academically rigorous, has a high undergraduate retention ration, low student-to-faculty ratio, and over half of its undergraduate student body go on to pursue graduate degrees following their departure from the college. The campus grounds at Greenway are lush green and marked by large gardens and thick wooded forests. Historic buildings, statues, and fountains abound. Some of the buildings on its grass and tree rich campus were built prior to the Civil War, and many of its newer structures were built to complement its historical aesthetics. The staff, student body, and alumna are known for enthusiastically upholding its historical heritage and academically competitive reputation. School ceremonies and graduations are celebrated with pride and ritual.

Undergraduate students at Greenway make up the majority of the student population, and these academically elite students pursue degrees in Liberal Arts, Sciences, Business, Education, and Interdisciplinary Studies. The campus identity is most squarely focused on the undergraduate experience, student development, and academic rigor and prestige. Graduate students pursue both Master’s and Doctoral Degrees in Business, Law, Science, and Education. A large number of Greenway’s undergraduate students reside in

campus dormitories, college apartments, and fraternity and sorority housing. Greenway students are known for their focus on academics, and the campus library is often packed with students, even on the weekends. In addition to Greek life, students participate in hundreds of clubs and organizations of all types, including multiple choirs, cultural and political organizations, and intramural and club sports. The college also hosts several athletics organizations, including football, track, tennis, and gymnastics, swimming, and fencing teams. Greenway College also has a growing international student population and encourages students to participate in study abroad programs, with opportunities to travel across the globe to countries such as Spain, France, China, and Japan.

Participants

Research participants for this case study included both staff and student participants. A full demographic profile of the participants is not revealed in an effort to maintain anonymity. In this section, a profile of the staff and students is provided. Timelines of how and when students engage with the Mental Health Process are included for clarity and perspective regarding the leave process.

Staff. Staff participants are all members of the broader Student Affairs umbrella at the college. Student Affairs offices at Greenway serve a wide range of student needs including student health, counseling services, disability and accessibility services, residential life, student leadership, academic and enrollment support, student conduct, diversity, and Greek life. The Greenway Student Affairs division prioritizes student development goals, with a joint focus on supporting students in their individual college journey and maximizing positive student growth and development. Further, the mission and values statements for the Student Affairs division and its inner departments emphasize

a desire to create an environment where students can thrive and experience their maximum potential. Even though the specific job titles of staff participants will not be disclosed for masking purposes, they, and their colleagues in Student Affairs, share responsibilities in the following student programmatic areas: Dean of Students, Campus Counseling, Disability Services, Academic and Enrollment Support, Student Conduct, Case Management, and Diversity. All staff members interviewed hold administrative roles, and had worked directly with college students who had engaged with the mental health leave and reenrollment process prior to 2016. Staff participants included three males, Brian, John, and Juan; three females, Caroline, Elise, Mary; and one participant with no gender specified, Jordan.

Students. Four students participated in the interview process: Max, Gabriel, Samuel, and Emma. All four had engaged in the mental health leave and reenrollment process and graduated from Greenway College with undergraduate degrees prior to the time they were interviewed in 2016. In addition to staff and student interviews, document analysis of emails provided by one of the student participants were integrated into the study codes and themes.

Emma. Emma, who identifies as female, began her freshman year at Greenway in the Fall of 2011. Emma articulates that she has a chronic health condition, which she chose not identify by diagnosis in her interview. Shortly following the beginning of her freshman year, she began to experience significant bouts with depression. She was prescribed anti-depressant medication, which, according to Emma, caused a bad reaction, perhaps as a result of her chronic health condition. She began to experience panic attacks that were so significant she became unable to function in a full-time academic and residential

environment. As a result of this crisis, she medically withdrew after only a couple of months into her Fall 2011 semester. After returning home, her medication was changed, and she participated in therapy to address her panic attacks. She re-enrolled in school in Spring 2012.

Emma was able to get ongoing support at the college, and after attending summer school, she was able to graduate with a degree in psychology in Spring of 2015. Emma is currently pursuing a graduate degree in the health sciences at large public research university. Figure 2 outlines the leave experience for Emma.

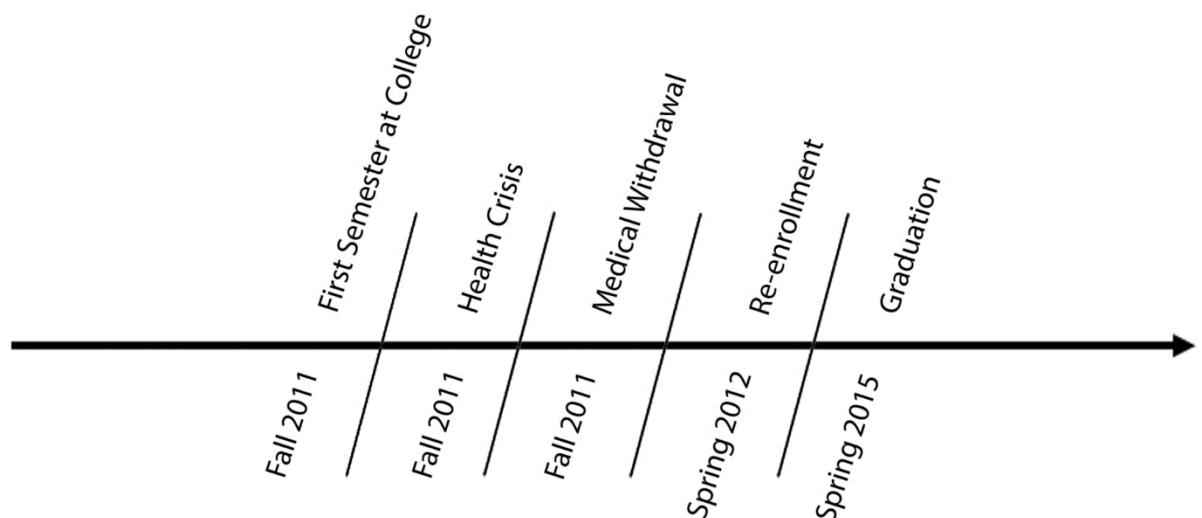


Figure 2. Emma's Timeline

Max. Max, who identifies as a male, began his first year at the College of William and Mary in Fall 2007. Max did not articulate a particular mental health condition during his interview, but instead describes his inability to concentrate and a bad reaction to medication as the impetus for his crisis. This crisis initially led to an academic suspension in Spring 2008. In Fall 2009, Max applied for a retroactive medical withdrawal on the

grounds that his reason for receiving poor grades in Fall 2007 were directly related to his health issues. His petition was granted. While Max was on leave, he spent the next two years receiving experimental talk therapy, and participating in an AmeriCorps program. He was granted reenrollment at the College in Fall 2011. While at the college, Max pursued and completed a degree in English, graduating in the Spring of 2014. Max also developed a love for heavy metal music while at the College, including bands such as Metallica and Megadeath, eventually forming his own band. He has continued to perform in heavy metal bands since graduating from Greenway. Figure 3 outlines the timeline of Max's leave, readmission, and graduation.

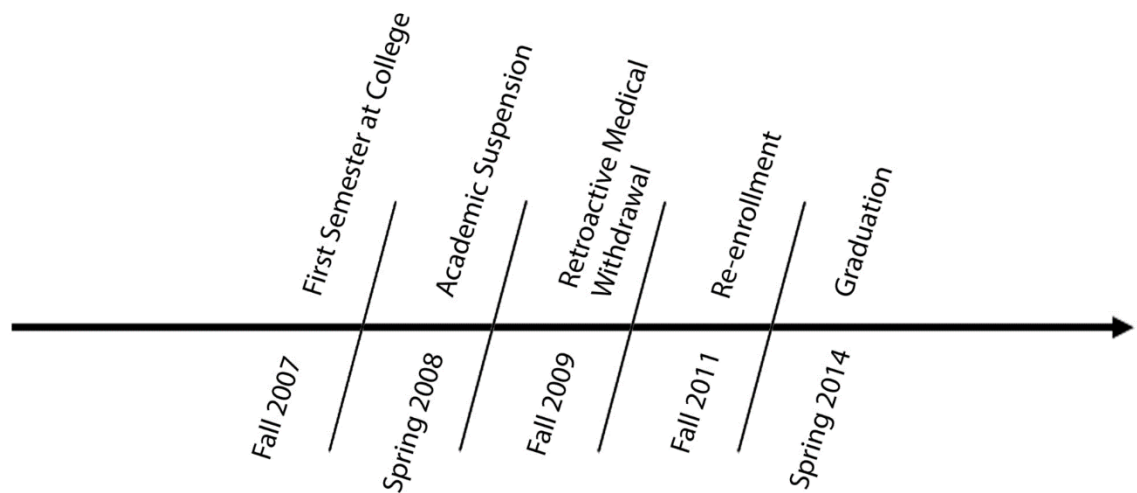


Figure 3. Max's Timeline

Gabriel. Gabriel, who identifies as a male, began his freshman year at Greenway in the Fall of 2006. Gabriel described himself as a student who enjoyed leadership activities and multi-cultural clubs; he experienced three interruptions in his college journey. His initial crisis, a medical condition he developed while on a summer study

abroad trip to Ecuador, resulted in a regular withdrawal from the university in Fall 2007, as he decided at the time he did not want to go through the medical withdrawal process. He re-enrolled in Spring 2008. Unfortunately, after returning to school he began to experience strong feelings of loneliness, and sank into a deep depression. He took a medical withdrawal in the Fall of 2008. After pursuing treatment, which included therapy and medication management, he re-enrolled at Greenway in Fall 2009. After returning, he continued to struggle with depression, which resulted in a third withdrawal in Spring 2009. After receiving additional medical and psychological treatment, he re-enrolled in Fall 2011, and graduated at the end of the semester. Since leaving Greenway, he has pursued a career in the health sciences, and is currently enrolled in medical school. Figure 4 outlines the multiple leave and readmission experiences for Gabriel.

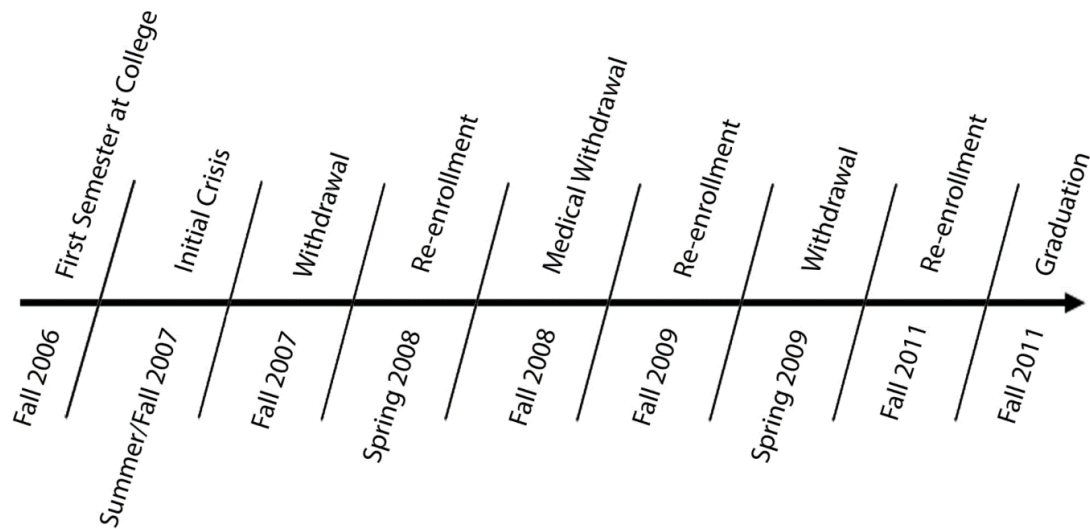


Figure 4. Gabriel's timeline

Samuel. Samuel, who identifies as a male, began his first semester at Greenway in Fall 2005. A student athlete, Samuel unfortunately experienced a concussion in his first term on the college team and this event resulted in his taking a medical withdrawal, for non-mental health reasons, in Spring 2006. Samuel re-enrolled in the Fall of 2006. He continued to suffer from the effects of his concussions, which evolved into additional symptomology, including insomnia and depression. As a result, he took a second medical withdrawal, this time for mental health reasons in Spring 2010. After receiving both medical and psychological treatment, he then re-enrolled in Fall 2013. After re-enrolling again, he continued his college journey, and graduated with a degree in physical science in the Spring of 2014. Following graduation, Samuel has pursued work in the biotechnology field. Figure 5 outlines the multiple leave and reentry times that Samuel experiences at Greenway.

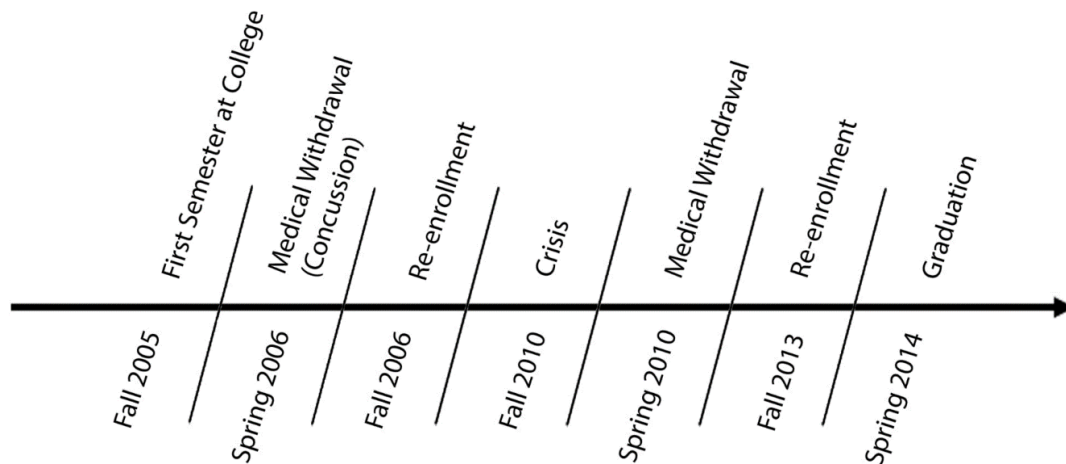


Figure 5. Samuel's timeline

Summary

In this single site case study, the mental health leave process at Greenway College, a residential public research institution, was explored. The process was examined through the use of student and staff interviews and a review of student participant emails. Seven college personnel and four student participants were interviewed regarding their experiences and perspectives on the process. Through this qualitative study, a picture of the mental health leave and reenrollment process emerged.

CHAPTER 5: FINDINGS

Students who engage in the mental health leave and reenrollment process experience multiple transitions throughout their college journey. The staff and students in this case study, through the use of semi-structured participant interviews and related documentation, helped frame and describe the mental leave help process. The purpose of this study was to examine student and staff perception of this process, through the lens of Schlossberg's (2011) transition theory, as well as to examine the barriers and supports students may encounter during their engagement in this process.

The college mental health leave and reenrollment process is multi-faceted, and could be investigated from a variety of research disciplines, including psychology, organizational communication, or disability studies. I endeavored to design and implement a case study that investigated the mental health leave and reenrollment process from a higher education organizational perspective that focused on student development. Even though the students in this study had a range of mental health diagnosis, this study was not conducted from a medical or deficit perspective. I sought to better understand the student experience and find out how college staff support students who engage in the mental health leave and reenrollment process. Schlossberg's (2011) theory of student transition provided a framework for understanding the key steps in this process. Transition theory also provided me with a lens to identify the coping skills and strategies that students use as they

transition through the leave process. In addition, the inclusion of staff interviews provided a richer understanding of how staff support students as they engage in the process.

Three overall themes arose from my research study, which are closely aligned to my research questions. First, students who transition through the mental health leave and reenrollment process do so through a series of four main steps, which at a minimum, include periods of crisis, time-away, re-entry, and continuation of the college journey. Students access supports as they moved through the four steps to develop strategies that allow them to progress through the unanticipated transitions that make up the leave and mental health leave process. Second, students experienced the mental health leave process as an individualized experience, which, upon introspection, evolved over time into a more integrated process upon reflection. Third, in contrast to the student perspective, staff view and frame the leave process from a big picture perspective. They used intentional collaborations and provided good company to students to support them as they transition through the mental health leave and reenrollment process. This chapter will detail the first two findings based on student perspectives, interviews and emails, while Chapter 6 will focus on staff perspectives and values.

The Mental Health Leave and Reenrollment Process as Transition

There are multiple iterations of the mental health leave and reenrollment process at Greenway College. For example, Emma's process (see Figure 2) was fairly linear. She had a medical and mental health crisis, withdrew from Greenway for medical reasons, sought treatment, re-enrolled, and then returned to her college journey, eventually graduating within four years. Instead, Gabriel (see Figure 4) had a more complex, and

therefore more disruptive process. He experienced three rounds of crisis, withdrawal, and reenrollment before his graduation.

Goodman et al. (2006) described transition as “any event, or non-event that results in changed relationships, routines, assumptions, and roles” (p. 33). Transitions can vary in their significance. Some are expected, while others are a surprise. The mental health leave process, which begins with a crisis, is an unanticipated interruption for the students in this study, one they had little to no opportunity to plan or prepare for (Schlossberg, 2011). Students who engage in the steps of the mental health leave process, must do what is described as “moving in, moving out, and moving through” in order to return to their college journey (Goodman et al., 1995, p. 26).

Students in transition must evaluate their movement through this process in order to develop coping features.

Through my research, I was able to identify four basic transitions that each student in this study experienced, regardless of how many times, or in what manner, they progressed through the mental health leave and reenrollment process. These four transitions, viewed from a student development perspective, include crisis, time-away, re-entry, and continuation of the college journey. Viewing these four basic transitions through the lens of Schlossberg’s (2011) transition theory allowed for an evaluation of the mental health leave and reenrollment process. Throughout the findings the participants reflected on how their sense of self changed and how they used coping strategies to move throughout and out of the transition process.

Transition: Students in Crisis

The mental health leave process typically begins when a student experiences a mental health crisis, though there can be different points of entry into the process. Some students do apply for a retroactive medical withdrawal, as Max did after his crisis and academic suspension (see Figure 3). Even when the crisis occurred in the past, students still must go through the same four transitions of time away, re-entry, and return to college journey to move through and out of the process.

The types of student crisis vary widely, but can include a suicide attempt or symptomology that results in a voluntarily or involuntary hospitalization, or needed treatment that cannot be accessed while maintaining a full-time residential academic status. For students in this study, crises included episodes of severe depression and anxiety as well as medical illnesses that exacerbated or brought on a mental health condition. In student development terms, the crisis event was an unanticipated *situation* that interrupted their planned college journey. Students described the mental health crises that triggered their engagement in the mental health leave and reenrollment process and the *supports* they used to move through the transition (Schlossberg, 2011).

The student participants in this study did not always recall the exact details of the leave process at large, but each described strong and vivid memories of the crisis that began their unanticipated transition into the mental health leave and reenrollment process. Following is a summary of each of the recollections of each of the student participants about their time of crisis.

Gabriel. Gabriel pinpoints the particular situation that led up to his first withdrawal from the college, which happened during a school field trip to Ecuador. This school trip followed a family vacation to Europe. He recalled:

For me, it was the shock factor. I go from the rich, the lavish, and extravagant to places that didn't even have any water. I went nine days in Europe and then nine days in Ecuador immediately after and it shocked me. I had never seen poverty on that level. I saw sweatshops...They looked like internment camps. I saw malnourished children.

In addition to the culture shock and distress Gabriel experienced after this trip, he also contracted Malaria while in Ecuador. He returned to campus four days later to begin student leadership activities. He described the experience,

I come back, of course, still having the reverse culture shock, sick still ... I think I would have been okay had I given myself a week rest...but I didn't. Actually one day coming back from Ecuador, I had to go immediately back to school for student leadership activities. I was not ready for that.

Gabriel's semester got off to a rocky start from the beginning as he struggled to recover from his physical illness. He barely attended class, and he began to feel isolated due to his illness and the need to rest in his room on campus. The situation evolved into what Gabriel viewed as a toxic. He added, "For me it was more important to just get out of that environment, because to me the environment was not conducive to my mental health." Gabriel did leave the environment when the semester ended, leaving to go home for treatment.

Max. Max's situation involved an academic suspension. In this process, he realized that his anxiety and failing grades contributed to the unanticipated departure from school. He described his academic suspension, and noted how his decision to stop taking medication between high school and college contributed to his departure from the school. He recalled how he was "on academic warning for a few semesters, and then probation at the beginning of my junior year and then I didn't make the requirements to stay in so I was academically suspended."

After returning home on academic suspension, Max, with the support of his family, decided to pursue a retroactive medical withdrawal for the semester prior to his suspension. Max was initially unsure of pursuing the medical withdrawal, but was encouraged to do so by his family, a psychologist in the campus counseling center, and a psychologist at home he had been working with following his suspension. Max's petition was accepted, based on the fact that Max's behavior and health had been affected by a change in his medication that had occurred during the semester prior to his suspension.

Samuel. Samuel initially came to Greenway as a football recruit. He explained how several sports related concussions led to both his medical and mental health crisis.

I was actually recruited to play at Greenway, and I sustained a series of concussions my freshman year...which resulted in my first medical withdrawal back in 2005. It took me 6 months to clear the symptoms, and then there [were] still some lingering cognitive effects. Mostly, just like my focus wasn't 100% so I would say like a year and a half after the injury I was able to recover most of my ability to do complicated math and take college courses and feel like I was actually participating and performing at the level that I was used to.

Yet, Samuel also began to notice changes in in his mood and health that impacted his academics in a negative way after he returned from his first leave. He reflected,

I started to become more like, mood type of symptoms, that kind of manifested, and I guess I would say that from the recovery process, there [were] a lot of...emotional swings. It was destabilizing in the sense that during the recovery from the concussion there would be really high periods of very high activity and learning, and mental recovery. It was almost quasi-manic in a lot of ways...as the recovery process took quite a long time, it kind of incorporates some maladaptive processes, like for learning. I just sort of was staying up really late, and like my sleep and mood rhythms were just not quite synced up in a lot of ways.

In addition to the mood changes Samuel was experiencing, he was also under a high level of stress both at school and work, largely due to his intense schedule.

And so, by 2009 I was starting to feel pretty deregulated...I was working at a hospital, working 20 - 25 hours a week while taking like 17 credits. It became 9 to 12 hour shifts, and schoolwork at night, it just became really bad. I wasn't sleeping well; I was sleeping during the day and then trying to make up over the night. It just became a really bad cycle.

In addition to his health issues and heavy workload, Samuel encountered legal troubles that exacerbated his already difficulty situation.

What ended up happening was I got DUI during that time, mostly I mean, that further kind of just propelled me into a more negative state...By the end of the Fall 2010 semester I was like full swing depression, and circadian rhythm were just completely wrecked. Yeah, so basically I medically withdrew in the Spring of 2010.

Samuel's crisis included a series of stressful events that encompassed health, academic, work, and legal difficulties.

Emma. Emma's crisis occurred during a sudden and unexpected onset of a mental health condition. Emma described her mental health crisis as a complete shock. Even though she had grown up with a long-term physical health condition, she felt it was manageable upon entering Greenway as a freshman. She described how things changed, after she sought treatment for depression at the College Health Center and was prescribed an anti-depressant to which she reacted poorly. She recalled,

I wasn't really familiar with mental health. The first night that I took the Selective Serotonin Reuptake Inhibitor (SSRI), I had my first panic attack, probably not related. It was in the middle of the night, I woke up from sleep having a panic attack and was pretty freaked out, thought I was having a heart attack. My roommate woke up with me on the floor, freaking out. Sweating, crying and completely hysterically thinking I was dying. She called 911, and an ambulance picked me up. I went to the hospital, they told me it was a panic attack, and I was fine. They sent me home...Then throughout the rest of that week, I started having more panic attacks, and they just kept coming, they came out of nowhere.

Her panic attacks escalated, and it became difficult for her to leave her dorm. Emma finally contacted her father to drive down to get her, as she felt she could not continue dealing with the panic attacks while attending school.

Role of self in crisis. As evident by the descriptions from the students, a range of issues coalesced to create a situation of mental crisis for them. For Gabriel, a study abroad in a third world country where he contracted a serious illness led to a depression and self-

isolation. A change in psychiatric medication led to academic failure and suspension for Max. A series of concussions led to sleep and mood disturbances for Samuel. Finally for Emma, the onset of panic attacks along with a bad reaction to anti-depressants led to her crisis. While the details of these crisis varied for each students, they all resulted in an unanticipated interruption to their college journey in the form of a medical withdrawal.

In Schlossberg's (2011) model, the Self has two aspects. In a higher education setting these two factors include both a student's individual traits characteristics as well as their psychological resources and stamina. These characteristics can help or hinder students during important transitions (Schlossberg, 2011). Examining the self allows individuals, in this case undergraduate students who have engaged with the mental health leave process, to examine their own situation to discover and identify what may have triggered or precipitate a crisis, leave and reenrollment events, and what kind of impact it may have on their life and college journey. In the interviews, student participants reflected on the state of their self at the time of crisis, including their state of mind and psychological resources.

Gabriel described his own psychological resources and self-perceptions during the onset and rise of his crisis. Upon entering Greenway, he identified closely with his academic goals, and his long-term interest in attending medical school after completing his undergraduate degree,

I had a pre-med concentration. I took all the necessary science courses such as biology, physics, chemistry, but on top of that I struggled a lot figuring out what major to complete. I jumped around from biology to neuroscience, eventually somehow landing on kinesiology and health sciences.

Gabriel had always been confident in his identity as a high academic achiever prior to enrolling at Greenway, explaining that school had come naturally to him, and he “didn't really study that much during high school” and still maintained high enough grades to be accepted into the elite Greenway. Things began to change after he began his first year at the college,

College was more of an eye-opener as far as that went. I would say my education at Greenway was the most difficult thing up to date. I mean, don't get me wrong. Medical school is hard...even though I took a gap year, so I took a year off...But Greenway definitely tested me and brought me to a lot of breaking moments like mental breakdowns.

This academic struggle was exacerbated by the onset of depression Gabriel began to experience at the start of his sophomore year, and resulted in him returning home to seek resources he felt he could not access at Greenway.

Max described how his perceptions of self and identity were closely linked to his academic achievements upon entering Greenway College. Like Gabriel, his sense of self was strongly linked to academic performance. He said,

I guess I was not exactly sure exactly what I wanted to do, but always felt regardless of what other people said or what my parents said it was sort of like I had to get good grades. That was one of the few things I guess I really felt like I had going for me, I suppose. I got a lot of accolades from teachers, I guess for doing well in their classes. I guess I made them too much of my life,

Because his sense of self was linked so strongly to academic performance, when Max's grades started to fail, he described how he began to feel his confidence and health disintegrating. He reflected,

Here you start seeing a dozen cracks in the reasoning then you find that people don't care as much about how well you do necessarily in class. Then the whole system begins to fall apart. You're working based on old habits but you start to see that the world doesn't end when you don't do terrifically well but nobody really rewards you. You're looking for external rewards so you really start sliding a lot more. Again, that certainly continued into college, as far as, and I guess it was a little bit of anxiety too, in regards to getting an assignment sometime and having a bad habit of shutting down when there is a really big assignment that was really imposing. That didn't help.

As his academic performance bottomed out, so did Max's self-confidence. In addition to his need to have his medication adjusted to a level that was therapeutic, he would seek therapy during his time away from the college to rebuild his confidence and ability to be assertive in both his academic and personal life.

Emma described the beginning of her college journey as getting off to a rocky start that made it difficult for her to focus on academics. This caused her a great deal of stress, as academics were high priority for her. She reflected on her sense of self,

I was in my first semester at Greenway, living in one of the dorms with a roommate, when my symptoms really flaring up and I was losing a lot of weight, and feeling pretty overwhelmed with the amount of work I had at the same time I entered college with very little knowledge of mental health.

While Emma identified as someone with a chronic non-psychological condition she felt ill-prepared for the onset of psychological symptoms she experienced after being administered an SSRI anti-depressant medication. She recollected her experience,

I was definitely sad, I mean having come to such high powered school, I was really determined to do well, I was obviously straight A student to be able to get in in the first place, and I never really contemplated the idea of not being able to handle school before. Yeah, I mean I knew I needed too, the level of fear and anxiety I was feeling too. I knew that I was basically scared to go to school at that point, because it was just making me worse, and it was complicating my physical health.

For Emma, like Gabriel and Max, her sense of self was tied to her ability to perform well academically. When her mental health issues manifested and her academics were affected, she struggled as her sense of self shifted.

Samuel entered Greenway College as a football player. His identity as both athlete and scholar was soon compromised by repeated concussions, which began to interfere with his ability to function and cope as full time college student. He described how his concussions, and resulting mental health symptoms, pulled him away from his athletic and academic identity, which he had identified closely with in high school. Upon entering Greenway he explained that he was “really forcing myself to do things that I took for granted in High School and when I was younger to be part of my normal routine, to like lock down a more positive mood.” When he no longer had an athlete identity, he shifted to redefine his sense of self based on his academics. But, when his academics were affected by his mental illness, he struggled.

Like Samuel, each student participant had their own story to tell regarding their sense of self before and during their crisis. While each experience was distinct, they shared an identity as high academic achievers, which was disrupted by the onset of their medical and mental health experiences. As these students moved through the transitions of the mental health process, the supports and treatment they engage them will serve to strengthen their psychological resources and position them in a place where they can resume their academic goals with renewed strength and purpose.

Supports during crisis. Students accessed a variety of supports during their crisis. These primarily included on-campus supports, such as the Dean of Students Office, the Counseling Center, and the Student Health Center. Students primarily accessed both the Student Health Center and Counseling Center during their medical and psychological crisis, then relied on the Dean of Students office to assist them in a medical withdrawal so that they could seek treatment. Student participants in this study also relied on family and peers to support them during their crisis.

The participants reflected on supports during their crisis a little differently, even at times having different perspectives on the same resources. For example, Gabriel described his lack of knowledge regarding the resources available to him, “I didn't even know about the counseling office until I already had gotten depressed, and until I talked to the Dean of Students office. They were the ones that pointed me into that direction.” Once Gabriel did access counseling resources on campus, he described feeling like a “lab rat.” Thus, what was intended to be a support during a time of crisis was not effective for Gabriel.

Gabriel described his peers and parents as key supports during his time of crisis. He reached out to his parents during his initial crises. Gabriel remembered, “Eventually,

by October, I realized that what I was doing was not right and not normal, and so I started trying to ask my parents, ‘What should I do? I’m just not happy here.’” Gabriel also indicated that his peers were his most valuable support during this time, stating,

For me at the time I had to take that time off. I had all sorts of friends in [the multicultural program]. I had Guinea and Nigerian and African-American, you name it. Muslim, Korean, Chinese...They all came out supporting me on my last day at Greenway. That just made me cry. I was just like, damn. I’d never seen love like this before, so for me I knew I had something to come back to and that was one of the driving forces for me to come back, but during that time I knew for a fact I had to go.

The support Gabriel received during his time of crisis emerged from personal relationships versus from institutional offices or support structures.

Unlike Gabriel, Max described the campus counseling services as a primary resource the year prior to his time away. He noted how he developed a strong relationship with a staff psychologist, Dr. White. Dr. White encouraged Max to pursue a retroactive medical withdrawal following his academic suspension. Max also reported that the Dean of Academic Studies helped him to complete his retroactive medical withdrawal petition, which was an integral aspect of his recovery from academic suspension. In this case, Max found a great deal of support in institutional offices and personnel.

Like Gabriel, family and friends were a key resource for Emma during her crisis. Emma describes the fundamental supports she had in her father and roommate prior to her medical withdrawal. As noted, her roommate was supportive during Emma’s first panic

attack when she had to the hospital. Later, Emma described how her father took her home when she felt unable to stay in residence at the College due to her panic attacks,

I eventually called my Dad, he came and picked me up, and took me home for the weekend and we figured maybe I just needed a little break...Eventually we talked to the Dean...because I wouldn't be able to finish the semester in the state that I was in.

Emma found college staff, family members, and peers were all integral supports during the crisis stage of the process.

Samuel recalled the Dean of Disability Services as his primary point of contact during his time of crisis. In addition to helping him with the logistical aspects of withdrawing, she also assisted him in pulling together a support system. He stated, “They [Dean of Students Office] were really helpful and supportive and they contacted my parents and contacted some of my friends and really trying when I was really in a bad state to like help me go through the medical withdrawal process.” Institutional support structures provided Samuel with the support he required during his time of crisis.

As students participants transitioned away from the college after their crisis to receive treatment at home, supports shifted from college personnel as a primary resource to the care of health care providers. In the next section, students describe their time away from the college. They recalled their experiences as well as the supports they accessed to develop the coping strategies needed to return to their college journey.

Transition: Time Away

Both staff and student participants refer to the transition of leaving school after a mental health crisis as time away. Time away signified the time period in which students

sought treatment following their crisis and medical withdrawal. For the student participants in this study, campus community resources were not sufficient enough support during their crisis to allow them to remain at the college, and so they returned home for treatment. In this section, each student describes their experience during their time away transition, as well as the supports they accessed to both improve their health condition and to prepare themselves for reenrollment at Greenway.

Gabriel. Gabriel, having gone through the mental health leave process three times, experienced three periods of time away. Each time, Gabriel participated in treatment that included both therapy and psychiatric medication. Gabriel described his time away experience after his second medical withdrawal due to another bout of depression. He wrote an email to the Dean of Students office prior to his second time away experience that stated, “I’ve come to terms that I cannot go on without proper therapy and treatment.” He further described this tangle of self-preservation and regret in his interview, “For me it was one of the toughest decisions...I could have done things a lot differently. I would, but you know what? For me at the time, I had to take the time off.” Even though Gabriel sought treatment on three occasions, he disclosed that it was not until his third break that he fully engaged in treatment and developed the coping skills and strategies he needed to complete his college journey.

Max. Time away for Max was shaped by his experience with an experimental therapy that focused on the development of assertiveness and confidence. In addition Max participated in an AmeriCorps program after completing over a year of therapy, which, through the encouragement of his mother, helped him to try out his new coping skills in a volunteer work environment before re-enrolling at Greenway. Max described his

unorthodox therapy sessions at length in his interview, explaining that his therapist used analogy, movies, and deliberate attempts to provoke him into being assertive. According to Max, it worked, and it was a turning point in his transition through and out of his time away period. Max described some of the methods his psychologist employed,

He knew how to tell a lot of anecdotes from his own life of just rough experiences.

I guess as far as all the shrinks that I'd seen in my life he's kind of like Miagi san...

Kind of like when he pissed off David LaRusso in the film [Karate Kid]. Wax the car, the whole kind of paint the fence, sand the boards on the deck. There were times when he spent a lot of time trying to teach me or at least make fun of me so that I was motivated to actually do something because he just saw that I was very passive with my life, very unsure, very nervous and sort of perfectionist nervousness. That means the most perfect things you can do is just not do anything at all.

Academic perfectionism was a sore spot for Max, one that exacerbated the tension between his identity as a high achiever and his academic suspension from the college. Time away for Max was characterized by his therapy and volunteer work.

Emma. Emma described her time away experience as brief and successful. Changing her anti-depressant medication resulted in swift relief from her symptoms and her panic attacks, in addition to therapy to work through what had evolved into agoraphobia during her crisis.

I saw a bunch of Doctors about the physical health problems and got a bunch of testing done. I saw a therapist. My regular doctor, my internist, the one that prescribed the SSRI, switched me to a new anti-depressant when I got home.

Emma's time away experience was brief and focused on medication changes and therapy. She was away from the campus for only a few months, returning in the spring of her freshman year. However, this was not the case with all of the student participants.

Samuel. Samuel's time away experience was longer, over two years, and entailed a slow, yet deliberate, plan to prepare for reenrollment at Greenway. Samuel described the state of his health when he began his time away, the medical treatment he sought, and the steps he took to transition back to school.

I was like full swing depression, and circadian rhythm were just completely wrecked...went through therapy...tried to like track different mood things and went through different behavioral, cognitive paradigms to like learn better coping mechanisms and better behavioral techniques to both regulate mood and regulate sleep. Exercises, and really forcing myself to do things that I took for granted in High School. That took about two and a half years. Then, I started taking classes at a college near my home, taking a couple of Science courses...and getting back into the swing of going to school.

Like the other student participants, Samuel was able to receive treatment and support during his time away. He also tried out his new coping skills by taking community college courses prior to applying for reenrollment at the college. All student participants shared a common experience in their focus on medical treatment during their time away, and the support of medical providers became apparent during their interviews

Supports during time away. For student participants, time away was characterized largely by treatment that followed their mental health crisis and medical withdrawal from Greenway. As such, health care providers played a pivotal role in

providing students with the necessary medical treatment and support. In addition, students were provided with moral support, primarily from family members, as they transitioned through this period.

Gabriel pursued three medical withdrawals during his time at Greenway, and in conjunction, three periods of time away. Gabriel admitted that he did not take his time away earnestly on the first two occasions. He saw over 10 different health care providers, none of whom he clicked with. It was not until his third time away that he took treatment seriously, and found health care providers who were the right fit for him, and could provide him with the support and care he needed to get back on his feet and complete his education.

The ones that did end up helping me, let's concentrate on those, was when after I went through the third time, that's when I decided to...suppress my habits as in like just back away from alcohol and everything. All my vices, partying. That's when I went down to North Carolina and saw a wonderful psychiatrist there...she was the one that put me on a strong anti-depressant...she was essential to my recovery. On top of that, that counselor I was seeing after my third time of withdrawing, that man, my god, he's a friend to me now. My last session with him, we were just laughing you know, messing around. We were just talking about life and what we want to do...he believed in me.

For Gabriel, developing rapport with his health care providers, and being ready to fully engage in his recovery were key to him successfully completing his last time away.

Time away for Max focused largely on therapy and then on his volunteer work with AmeriCorps. Max spent a large portion of his interview discussing his work with Dr. Gray, participating in what Max described as an unorthodox method of therapy in which his

therapist would intentionally provoke him to develop his confidence and assertiveness. In addition to the support he received from Dr. Gray, Max acknowledged that his Mother, who frustrated him at times with her persistence, was in fact a pivotal resource, often pushing him to take action when she viewed his progress as stagnating. Max elaborates,

Definitely my mother has been a huge support throughout most of it as far as encouraging me to take on certain jobs or just basically saying hey...here's something, do what you don't feel like doing and it'll get you in somewhere.

For Max, therapy was integral to his treatment and time away. Even though he grew frustrated with his Mother at times, she was the driving force behind finding him the right therapist, and in finding a meaningful work experience for him to aid in his transition back to being a full-time student.

For Emma's short time away, the right health care providers were also key to her successful transition back to school. In addition to the medical treatment she received from her internist and psychiatrist, therapy was an integral part of her treatment during Emma's time away, particularly in regard to treating her panic attacks. Emma described the important role her therapist played in supporting her during her time away,

I saw a therapist about once a week while I was gone, she was fantastic, we worked through the anxiety and the panic attacks, and little by little I was getting the number of panic attacks I was having down.

Emma's family and friends provided moral support to Emma. She described feeling completely supported during her crisis, which might have been perceived by some as a failure to thrive in her first semester of college. Here, Emma described the support she received from her peers at Greenway during her time away,

My friends were wonderful. Everyone from my freshman dorm had sent me letters and gifts and kept in contact with me in on Facebook, and even though they were super busy with their college lives, they never forgot about me. It was really wonderful and I really love them for all of that. We all stayed very close too.

Emma's support system involved peers from Greenway who kept in touch during her time away. Her parents and mental health providers were also central to her support system.

Of the four students interviewed, Samuel was the least vocal about his support system during his time away. He explained that while psychological treatment was an essential aspect of his recovery, a change in his personal habits along with modifications to his sleep schedule as key to his recovery during time away, he explained,

Yeah, I think the medical treatment...psychological treatment. I never went on medication, but it definitely helped me a lot like to reorganize the balance of balancing school and what you need as a human being, or at least what I needed as a human being. Just to maintain normal functioning and when stressors do occur...utilizing different techniques. I think a lot of it was just self-imposed...making sure I exercise multiple times per week. Eating more healthy...having daily rhythms...partitioning time for that, like really giving myself the go ahead to do that, and not allow myself to cram or do like 36 hours of work in one go.

Even though Samuel did not articulate each aspect of his support system while he was on time away, it is clear from his progress and treatment that he was able to get the help he needed from his health care providers. In the next section, which details the re-entry

process, Samuel will discuss the integral role Greenway staff members played during the reenrollment process.

Transition: Re-entry

Student participants transitioned from their time away from the college back into the college through reenrollment, in a developmental transition period best described as re-entry. When students decided they have received the treatment they need to no longer be in crisis and felt ready to reenroll, they took steps to re-enter the college. Following a medical withdrawal and time away, students must submit a petition for reenrollment with the office of Student Affairs at Greenway. Reenrollment, as part of the medical withdrawal process, is not an application sent to the Admissions office. Instead, it is a petition to the Medical Review Committee that includes a student letter requesting reenrollment, with a description of treatment and activities during a time away, and recommendations from the students' health care provider.

The petition is reviewed by a group of college staff members referred to as the Medical Committee, which includes a physician, a clinical psychologist, a school psychologist, and a representative from the Dean of Students office. Once petitions are reviewed students are either cleared for or denied reenrollment. If they are denied, they have the ability to reapply for the following semester. If a student's health care provider does not recommend return, or if the Medical Committee determines the student does not appear to be ready to return, the student receives a recommendation to continue medical treatment and re-apply the following semester. This re-entry time period of transition is characterized in the student participant interviews by students' feelings regarding their

readiness to return and the logistical process of submitting a petition for reenrollment with the college.

Gabriel. Gabriel, who experienced the reenrollment three times, found the reenrollment part of the process frustrating. Even though he admits to not fully engaging in his treatment until his third time away, he was still frustrated with both the bureaucracy of the reenrollment process as well as the obligation to prove his readiness to return to the College. Gabriel described his frustration with initially being denied reenrollment after his second medical withdrawal, despite seeing a therapist for several months, “I did all the requirements. I saw a therapist. I was away for the required time and yet...still denied my entrance, that’s what shocked me you know?” Even though he was eventually re-enrolled after further treatment, part of Gabriel’s frustration was his uncertainty about who exactly it was at the college that had denied his entrance. He was aware that a committee of professionals at the college was reviewing his petition, but at the time he said he was not aware that a psychologist and physician would be reviewing his documentation. He described the anguish he felt during this period of uncertainty,

It was like hell because here I am, meeting up with all their list of demands, so to speak, and to me it felt rather invasive because I thought I was taking this medical withdrawal to better myself, to lift myself up and all that jazz, but to me it seemed really, really forced.

Gabriel also felt wounded by the need to have his health care providers recommend his return,

It felt like I was doing something wrong by having to go through this process like...I got to get this authorized by a psychiatrist. To me it felt like, I got to get

this authorized by my parole officer and he has to approve me to do this before I can do that, before I can go back to school or before I can get out of jail or get out of my house, or whatever.

For Gabriel, the re-entry process was fraught. He was uncertain who held the power over the decision for his return. He was frustrated by the denial to return to campus when he thought he had met all the requirements of the process. Yet, he also freely admitted that it was not until his third time away that he felt he truly addressed his behavior and his mental health issues.

Max. Max described his readiness to return differently than Gabriel. Like Gabriel, he felt uneasy about sharing his medical information with the college, however, he felt his information would be reviewed by college personnel who were professionals and not personally invested in the outcome as well. He described them as “people who already knew I was in hot water anyway.” Max felt ready to return to Greenaway after almost two years of experimental therapy treatment and volunteer service, but he mostly dreaded one actual piece of the reenrollment process itself. Specifically, he was reluctant to write the letter that explained his desire and readiness to return. This aspect of the reenrollment process dominated his recollection of the re-entry period.

The reenrollment, I dragged my feet on that too and then I got encouragement because I was very worried about doing well and going back and seeing how that would work out...I talked about some of the things I'd been doing as far as the recovery process since I had come back home and basically had a life at home before I came back to school.

Max describes how difficult it was to write his reenrollment petition letter, which for him, was anxiety provoking. The letter and reenrollment process also seemed to be a reflection of his ambiguity over whether in his mind, he really deserved to be granted a retroactive medical withdrawal,

I suppose because when it comes to doing anything with writing a cover letter I feel like I'm...I think it's called impostor syndrome....I feel like I'm lying about everything. I feel like I'm deceiving people and to a certain extent I still feel to a certain extent like I was deceiving them. Apparently they didn't think it was deception enough to dismiss or bar me from school for life. It's not like the medication was that serious of a handicap in school. It's basically more of the same stuff that happened before and just compounded with a little bit more anxiety because now you really have to do well...I talked about some of the things I'd been doing as far as the recovery process since I had come back home...before I came back to school...And then talked about the things that I had achieved in the time off.

While Max described the reenrollment process as anxiety provoking and uncomfortable, Emma had a different experience. Her memories of the transition period capture her enthusiasm for returning to Greenway after her rocky start as a freshman.

Emma. Emma described her re-entry as a smooth process, one she attributed to her short time away and quick recovery. She recalls the process,

I think I had to submit a whole bunch of paperwork...that said that I had sought treatment and that I was doing better, because I had only withdrawn for the remainder of that semester. I didn't take a whole year off; I just re-enrolled for the

spring. I guess I didn't have to provide quite as much paperwork, although I don't really know what the difference is...I needed to write a letter, telling them what I had done to fix myself...I don't really remember it all that vividly, I was pretty proud at the progress I had made, and I was really eager to go back to school.

For Emma, the reenrollment process was about getting back to her college journey, and her memories of the logistical process are outweighed by her recollection of getting back to school. She elaborated,

I wanted to get my life back on track because I definitely felt like I was behind having had to take the withdrawal...I've heard some other students who had been through a similar process that it had been harder for them...I think because I wasn't gone that long and I got treatment, and got a lot better really fast, it just wasn't that hard to come back.

Emma's recollection of the transition back was not dominated by logistics, but like Gabriel and Max, Samuel's experience was. Though Samuel did not hold the same frustrations that Gabriel and Max did with their experience, he experienced the crunch of barely getting his reenrollment petition in before the deadline for his re-entry semester.

Samuel. When Samuel felt ready to return to Greenway, it was after a two year break. He contacted the College to find out what needed to be included in his reenrollment, and found out he was already nearing the deadline for housing that fall. He described his experience,

That was tough to get everything set up in that way. It might have actually been about the housing lottery that might have been the hard date. Coming back I had just contacted Dean of Disability Services again and then with Dean of Academic

Intervention, just kind of got the ball rolling to start the process. She walked me through the deadlines of what I needed and like we just filed the paperwork....It wasn't like anything was a surprise, except the time constraints I think we're a little bit misleading in the sense that I didn't really have an...understanding of how long some of the things were going to take.

Samuel, like Max, experienced a mix of frustration with the bureaucracy of the reenrollment process with a simultaneous appreciation for the staff members who facilitated the process for them. In the next section, student participants describe the supports they relied on during the re-entry process, including the integral role college staff play in the reentry process for students, both in logistic support and with advising.

Re-entry and supports. Even though Gabriel experienced frustration with college staff as he transitioned back to Greenway, particularly during his third and final reenrollment, he found his greatest support during this time to be his father. His father, through a sense of encouragement and camaraderie, made Gabriel feel less alone during a time when he felt he may never get the opportunity to return and complete his degree and go on to Medical school. Gabriel described how his father, a physician, supported him during the re-entry process,

I broke down many times to my parents, not just my dad, but also just my mom. I was just like, "Why is it that they're doing this to me? I don't get it. I just want to graduate and go back to school and get out of there at this point." His role in all this was supporting me and encouraging me and telling me that I got to stick with the program, I got to stick with what they require of me because I'm playing by their rules. This is their game. I have to abide and play by their rules.

Gabriel explained further his frustration with the College during this time, and how his father counseled him to be persistent and how his father supported him during the process of reenrollment. He reflected,

To me it felt like they were holding me back. To me, that meant that I had to create new friends again and I'm not going to be in the same, my peers are going to be different. It's like another culture shock all in itself because I don't know anybody again. I was being alienated. My dad...would just talk to me. He would tell me, "Listen son, I went through the same thing ..." He went through something similar in the past, not exactly of course, but...That's all he could do, give me encouragement at the time.

Again, family support was important during the time of reenrollment. Max found it difficult to find support during the re-entry process beyond his mother and therapists assistance in preparing his petition. Max explained that he was ashamed of his suspension and medical withdrawal and found it difficult to talk about it to anyone other than his family and the college staff assisting him with the re-entry process.

I've been a lot more hesitant to tell even my close friends that I was academically suspended from school. Most of them know I took about 2 years off from school but they don't know exactly why and for what reasons. I'm more discreet with them than I am with the school. That's what the school's job is there for and they're professionally trained to not be judgmental. Furthermore they're not your friends anyway, so you don't have to worry about that.

While Max did not confide in his friends during the re-entry process, Emma had a different experience with peer support. Emma's short period of time away allowed her to retain her

peer relationships, which were both an incentive and strength for her as she re-entered the college. “I missed all of my friends, they had sent me lots of care packages while I was away.” Unlike Gabriel and Max, Emma did not find the logistics of the re-entry process to be stressful and found her relationships with the Dean of Students office staff to be a strength, not a challenge. She described how this support eased her transition back into the college and allowed her to build a support system of local health care providers before beginning the semester,

The Deans were wonderful. They were really helpful; they explained everything that I needed to do. They helped point me to the right academic resources, to plan my schedule so I could get back on track. They pointed me towards mental health resources in the area. I found a psychologist in Williamsburg who I saw pretty much all throughout school to help me continue to deal with anxiety and panic while I was back. They really did try to make it as easy as possible for you to get resources in the area.

Emma relied on the support structure available within the institution during her time of reentry.

In addition to the Dean of Students office, College faculty played an integral role in Samuel’s reentry to the college. Samuel explained that Greenway Chemistry faculty served as a support in both academic advising and mentorship.

Dr. Christie in the chemistry department was very helpful. Also, Lucy Graham in the Chemistry department. They were both very helpful when I was trying to get my classes rearranged and like scheduling everything, which was difficult. It was something like that. I would say the people in the chemistry department were very

helpful when I was getting my classes and making sure that I was going to have the right classes for all the major requirements. I didn't have many other issues like the scheduling classes, and when I came back also, the Dean of Academic Intervention was very helpful. I met with her pretty regularly. I met with her three times when I came back, and everything was really good. It was like good check-ins, and making sure that I was being healthy and that the readjustment process was going well.

Students accessed a range of support mechanisms during the reentry period. Participants accessed different types of supports, but critically, it was important that they had some support for this reentry process regardless of the source.

Transition: Return to College Journey

Once a student returned to Greenway following the re-entry process, they returned to the journey they started prior to the crisis. For student participants, this transition focused on returning to residence, participating in clubs and hobbies, and ultimately, graduation and degree completion. The students in the study were reflective when discussing this aspect of their journey. Students also discussed the supports they accessed during the continuation of their college journey as well as the strategies they used for success, which were largely honed during their time away process.

Gabriel. In his participant interview, Gabriel reflected on lessons he learned during his medical withdrawal experience and college journey. He also explained that these lessons helped him to meet his goal of graduating, and gave him strength and clarity during his current experience in graduate school. Gabriel, in his letter written to the Medical Committee for his third and final reenrollment petition, described the specific techniques

he learned during his therapy sessions during his time away, which he planned to use upon his return to the college as coping strategies,

Several ways I have done so is by breathing through the nose and exhaling out. Another is by de-stressing with the aid of any type of soothing music. Another is to share with a confidant about my problems and listen for any type of advice that may be helpful.

In addition to stress management techniques, Gabriel developed a relationship with local health care providers and stuck to his medication management routine upon his final return to the college. Exercise also became an additional component to his wellness plan. Gabriel's key philosophy became about balance and community.

All the time I think about it. For starters, I learned that everything is balanced. I cannot indulge in my sadness, my sorrow, in this substance abuse, in any of that stuff, or else I get lost. I learned a hard lesson that no man is an island. We need each other. We are communal creatures. The moment we try to cut ourselves off from people, that's when we inflict suffering on our own selves.

These lessons are particularly poignant for Gabriel as loneliness and depression were an integral aspect of his mental health crises. Gabriel has turned this lesson outward as well, being mindful of the struggles others may be experiencing and making deliberate decisions to reach out to others,

That's why, for me, it's important that I'm nice to everybody, and give everybody the benefit of the doubt, because you never know. Maybe that niceness to that one person who is having a shitty day that could maybe impact their lives in the next day, and you probably prevented them from committing suicide. You don't know.

The fact that you maintained a niceness and maintained the ability to connect with people, I think, was the important lessons that I learned from five or six years of loneliness.

Finally, as he worked on his return journey, Gabriel reflected on the importance of staying connected to others to keep himself balanced, particularly in dealing with stressful situations. He explained, “How does one cope with their stress? You share with other people.” Maintaining a support system during his final return to the college journey became the key to his success. He summed up his reflection on this period of his life as being all about relationships,

The people I have to say, [were] the main reason why I was able to finish. I created a great support system eventually, of course. One of my greatest assets was being able to surround myself with people that I felt inspired me.

For Gabriel, a key element of his transition back to college and graduation involved relying on his support structure, but most importantly building on relationships to provide a key element of support.

Max. For Max, a newfound sense of confidence and assertiveness were key to a successful completion of his college journey. According to Max, these skills have continued to improve and grow beyond graduation.

When somebody pushes me around...I hate it. I probably get a little bit too passionate talking about it but I notice that I get a lot more of my way without getting into trouble than ever before and it feels awesome...Just the ability to even acknowledge instead of just like letting it go.

Max boils his success down to the techniques and lessons he learned in therapy, which eventually became an asset for him in the classroom. Max provided an example of how his confidence changed the way he interacted with faculty and peers in the classroom,

Just the ability to even acknowledge instead of just like letting it go and trying to let it slip off...stuff just builds up until it becomes aggression that if you're not careful you can release against people who don't deserve it first semester back at college. When one of my Professors criticized Star Wars and I found that she couldn't actually make an argument as to why Star Wars was inferior. I did my very best to tear her argument apart in class until everybody else started getting on board and said, yeah he's right.

Max also described his growing love of music. Becoming a musician allowed him to reintegrate at the college by developing relationships with peers who had common interests. He described how an interest in heavy metal music evolved into him becoming a member of a band and led to him feeling like he fit into an extracurricular activity on campus, which he did not have before his medical withdrawal. After graduation, he has continued pursuing his dreams of being a musician.

I found that I had sort of a blooming interest in...music. I came back and eventually got a band going with it in the last year. I'm in a new band right now in Oak City...In the time off I realized, it's like easing into listening to Mega-death and Metallica and Flare and Alice in Chains and Sound Garden and so on and so forth. I was realizing more and more how appealing and how relatable the music was and how much I felt more strongly about that than I did about some other things that I had spent more time on. Even in extracurricular activities.

For Max, his transition to completing his college journey built on changing behavior and on expanding into new interest areas.

Emma: Emma initially experienced fears that she would not graduate on her original timeline of four years. She was very motivated to adhere to her treatment plan during her time away in an effort to achieve wellness and out of a desire to complete her college journey on time. She detailed her efforts, along with her acknowledgement in retrospect that it would have been okay for her to take an extra semester to finish. Though at the time, it was hard for her concede to the idea of delaying graduation. She reflected,

Luckily because I hadn't missed that much, I was able to take an extra class each year and some summer classes and graduate on time with my class. Or, what I perceived to be on time, it would have been fine to take extra time.

Emma also indicated an awareness outside her recollection of her own experience. She discussed the idea that the experiences of other students who have reenrolled after a mental health crisis might be different than her own. She stated,

I've heard some other students who had been through a similar process that it had been harder for them...I think because I wasn't gone that long and I got treatment, and got a lot better really fast, it just wasn't that hard to come back.

Emma elaborated on her perception of the experiences of other students. She acknowledged that it is natural for some students to feel alienated during their crisis, as it is an emotional and high charged experience. However, Emma did not feel disconnected, to the contrary, she felt supported,

I have heard a lot of different stories. I know that a lot of people have felt very alienated from the college during their experiences and they felt like they didn't get

the support that they needed, or that the school just wanted to get rid of them. I never felt that way. I genuinely believed that they just wanted me to feel better.

For Emma, a support system at Greenway was also an essential aspect of her recovery and success. This support system came most importantly in the form psychologist who practiced in the Greenway community. The campus counseling center was also a valuable resource,

The psychologist in Williamsburg was also wonderful, she really helped me integrate back into school and deal with the little things that came up that might be more triggering. The counseling center had a list of psychologists, and they would even tell you how far from school they were...there were programs where you could get a free ride to a psychologist's office if you needed one.

Emma also worked as intern at the Campus counseling center after returning from her time away. Her crisis, and the internship, contributed to a budding interest in the field of psychology that began with her therapy work during her time away, which would eventually evolve in her pursuing a graduate degree in counseling,

Yeah, I think the one at home was hugely instrumental because they were really good, and they got me better really quickly. To this day I think she was a huge inspiration for me going into Psychology. I had a really big appreciation for people who have to cope with mental illness and for the work that counselors and Psychologists do. It was definitely a big inspiration.

While Emma was touched most by her health care providers during her return to her college journey, Samuel keyed in on his connection to faculty after returning to Greenway.

Samuel. Samuel felt a strong sense of maturity when he returned to his college journey as well as a renewed focus on academics. He sensed in himself a new identity as both a scholar and someone focused on health and wellness. He initiated contact with the Director of Health and Wellness, and met with her to discuss his concerns about unhealthy pressures and habits experienced by his peers, he describes his experience with the Director,

She gave me her plan for what she was hoping for...it was nice to hear that there was a big push from the college to integrate more student wellness...even just like notifying kids, like this is not a healthy way to work...It's okay to try and reach out before it becomes a real issue.

Samuel was able to step outside his own experience during this return to the college, which allowed him to use his own unanticipated crisis and time away from the college to work on improving the health and wellness of himself and his peers.

Conclusion

This research study focused on student and staff perspectives of the Mental Health Leave Process. In this chapter, student participants discussed the transition they experienced as they moved through the process, including periods of crisis, time away, re-entry, and return to college journey. In addition, participants described how their sense of self evolved through each transition of the process, which included their initial crisis, then time away, re-entry, and return to the college journey. They also discussed the on and off campus supports they relied on during these changes and the strategies that helped them return to their college journey. In chapter 6, staff participant perspectives on the mental

health leave process will be explored as well as the unexpected staff values that emerged during this study.

CHAPTER 6: INDIVIDUALIZED VERSUS HOLISTIC VIEWS OF LEAVE

The final finding for this research study centers on the ways in which staff support and help students during the leave and reenrollment process. At Greenway College, staff participants characterize the mental health leave process using a wide lens, as an opportunity for students to take time away from school to address significant mental health issues. Students instead most frequently view the process through an individualized perspective, moving through each transition one step at time; from crisis, to time away, re-entry, completion of the college journey and finally in the aftermath when there is space for reflection.

Crisis and Leave as Individualized

Student participants experienced the mental health leave process from their own individualized perspective. While all student participants experienced a minimum of four transitions which included a crisis, time away, re-entry, and return to college journey, they experienced differences in iterations of the journey depending on their individual circumstance, as reviewed in Chapter 4. In addition, students struggled to balance their health and academic priorities when making decision about taking time away from academics for treatment following a crisis. Staff members worked closely with students to help frame the big picture as an individualized experience while they were moving through it, upon retrospections, their perceptions evolved over time into a more integrated holistic perspective.

Crisis and Leave as Holistic

Staff members held a macro view of the leave and reentry process that emanated from their years of experience in supporting students during the transition processes. This perspective is larger in scope than a purely medical viewpoint. This macro view comes from a big picture lens, in which sees each step of the process is viewed by staff in perspective, with a focus on the return to college journey, following the crisis and time away from treatment. Student participants struggled to see the process from a big picture perspective because they were engaged in the present, experiencing the stress of the initial interruption to their college journey following a crisis. For staff members, being an advocate for students during this process is manifested in framing the big picture perspective to students as they travel through each transition in their process.

Even though challenges can occur when students and staff have conflicts regarding the timing for medical leave and for reenrollment, staff members use intentional collaborations and supports to provide “good company” to students as they move through the mental health leave and reenrollment process (Baxter Magolda, 2009, p. 250). Baxter Magolda (2009) described good company as an integral part of the student journey, “Higher education is a complex journey in which learners refine their purpose, establish a vision for their lives, question long-held assumptions, and construct more complex ways of making meaning of knowledge, themselves, and their relations with others. To be good company, educators must balance providing appropriate guidance with empowering learners to direct their own learning journeys (Baxter Magolda, 2009, p. 1).

Good company. Good company is a part of the self-authorship model developed by Marcia Baxter Magolda (2009). She defined self-authorship as a way for individuals,

including students, to “reflect on life and use what you learn about yourself to develop an internal foundations that will provide a sense of directions” (Baxter Magolda, 2009, p. xix). Students can best develop this type of internal strength and direction when they are supported by those who can provide them with “good company” for their journey (Baxter Magolda, 2009, p. 249), with “support being the primary goal for good company (Baxter Magolda, 2009, p. 250). An intersection occurs with the type of support provided when supplying good company for students and support as presented in Schlossberg’s (2011) transition model.

Staff participants in this study frequently characterized their advocacy of students engaged in the mental health leave and reenrollment in ways that illustrate congruence with Baxter Magolda’s (2009) criteria for how good partners can support students in their development of self-authorship as good company. The concept of good company requires staff personnel to

- Respect students thoughts and feelings, thus affirming the value of their voices;
- Help them view their experiences as opportunities for learning and growth;
- and
- Collaborate with them to analyze their own problems, and engaging in mutual learning with them (Baxter Magolda, 2009, p. 251).

Staff participants echoed this focus on respect, help, and collaboration as they describe their optimistic vision for students for a return to the college journey.

Staff members play a key role in the management of the mental health leave process, including advising students on the logistics of the process, processing

documentation, and providing students with needed resources and referrals. A tendency does exist for some students and community members to perceive that colleges like Greenway are focused solely on liability concerns involving students and the leave process, but staff members in this study painted a different picture of their values and support for students, one that focuses on advocacy.

Advocacy. Being good company to students as they maneuver through the mental health leave process is ultimately about prioritizing the health and well-being of students. Even though issues of liability and community are ever present for college staff, Brian elaborated on the perceptions of these priorities, versus the actual daily experience staff have while supporting students in the leave process,

I do think that liability is probably intertwined in the conversations that take place as to whether we have resources onsite to adequately support the student and concerns that the student may most of the time be harmful to self rather than harmful to others...It's more a matter of being concerned for the student and their health and wellbeing and whether we can keep them safe...More of a moral imperative than a legal imperative.

Elise echoes this priority on student wellness and safety, also stressing the importance of supporting students in crisis as a moral obligation that staff take on as an integral part of their work.

In terms of appearance within the community, it looks like it's [the staff focus on the leave process] a liability issue, but morally and ethically, what kind of community would we be if we knew that a student or a member of our community was in harm's way, or having a difficult time making decisions about their well-

being and what is best for them because they don't have the capacity to do so in terms of their emotional health.

For staff participants at Greenway, this moral obligation shapes their decision to advocate for and provide good company to students on their journey through and out of the process.

For students who experience a mental health crisis, college staff provide not just logistical support, but they also provide advising, and counseling, coaching for students as they make decisions regarding their academic journey. This support and advocacy is a complement to the medical treatment students seek to address their diagnosed conditions. Brian described the importance of building relationships with students to better support them during the process,

I think that there is a relationship. There are students that I've had a relationship with, whether they're involved with any of the programs and initiatives that I oversee, or just students I've connected with. I've had students...reach out just with questions, and I think there's a certain level of trust and respect that's there, that have I been able to help the students have a better context of the why behind the process, and help them to reflect.

Brian sees his supportive relationship with students as one sources of advocacy. Here, he is able to use trusting relationships to determine how best to advocate for particular students, but also to explain to students how and why the processes are in place.

For students, having a mental health crisis can be a lonely experience. For the high achieving students at Greenway, having a condition that results in impaired judgment, even for just a short time, can be both scary and confusing. Providing guidance to students during a mental health crisis was a value expressed by all staff participants in the study.

Mary explained why staff and student relationships are so important, particularly when students are experiencing a crisis and are struggling to make healthy decisions,

I would say that I probably take on a most active advocacy role when students have mental health conditions where their own insight and judgment might be most impaired, so that they couldn't advocate for themselves. It might not be the most common to have a student that's psychotic or not able to care for themselves, but those are the ones where I feel like it's really important that we advocate on their behalf,

Even though this study focuses largely on the student experience, staff participants expressed their choice to advocate for and support students during one of the most difficult times in their lives. Brian described the difficulty of guiding a student to take time away from school for recovery when they are reluctant to go, “When you're talking about facilitating a student taking some time away, you step back, and, based on everything you have, you just hope this was the right call. You just kind of work what I call the hope factor.” Advocating for and supporting students is a core value of staff working in the mental health leave process.

Staff participants in this study have worked with countless students during times of crisis. An undercurrent of caring and support was apparent during all of the interviews I conducted with staff members, even when frustrations or challenges with students or with the process were expressed.

Jordan spoke to the heart of why relationships with students who are engaged in the mental health leave process are crucial, both in times of crisis and recovery, as well as support from staff during the steps of this process. He offered,

To enter into that struggle with a student is a privilege, one that we signed up for and we signed up for when we admitted them and we signed up when we went into this job. It is not work that we are forced to do by some external source, its work that is important. We don't just sign up for the, I guess triumphs, of it all. You don't get graduation and all the wonderful traditions without wrestling with this kind of stuff because they come together and to leave one out is an incomplete picture on either side. These are our students. This is the family we are talking about.

For staff participants in this study, advocating for students is not an endeavor they pursue alone. Deliberate collaborations between staff participants, and on and off campus supports help staff to provide students with comprehensive and holistic supports company for their journey through the process.

Intentional collaborations. Staff members articulate deliberate and intentional collaboration with both on-campus and off-campus supports to help students transition to develop strategies that will support them as they move through the process (Schlossberg, 2011). Staff participants described a long list of different on-campus stakeholders they have collaborated with: Health Center Physicians, Director of Counseling Center and Psychologists, Athletics, Residence life personnel, Campus Ministers, Campus Police, Financial Aide, Faculty Members, the Dean of Students staff, and the Executive Director of Student Affairs. This section on intentional collaboration first articulates the importance of on-campus collaboration, including faculty and residence life stakeholders. Next, it details the off-campus supports that staff participants accessed in their efforts to

support students as they move through the mental health leave process which include health care providers and student families.

On-campus supports. On-campus supports are available to students experiencing the onset of mental health conditions, during, and following a crisis. Staff participants, who include members of the Student Affairs division and members of the Dean of Students Office and Counseling Center, discussed the benefits and challenges of collaborating with students during and after students have engaged with the process. John reflected on the importance of having on-campus supports available to students, while acknowledging that some students choose not to access them. He stated,

There's a real perspective on not just whether or not we have the resources to support a student, but whether or not the student has the resources and the ability to be able to connect with what is available to them.

The students noted that they did not always access the on-campus supports available to them. Elise explained the weight the college places on developing these on campus supports for students,

The fact that we hired, now six years ago, someone in my area of responsibility to really focus on students in need and monitor them. The fact that we have a multi-disciplinary team in place that does a recurring monitoring our students who are most crisis...we are trying to improve to ensure everybody's on the same page.

Part of partnering with on-campus allies to create a network of support for students meant coordinating services and actions among a range of offices on campus.

Elise, Jordan, and John elaborated on the importance of deliberate on-campus staff collaboration and communication to support students. Jordan explained further,

I think our information sharing has gotten really good in terms of students actively in crisis, the ones who have returned, and kind of how folks are doing. I think our whole systemic development has been in the direction of, I mean it's incredible...We've got 20 plus people potentially involved. The on-campus supports for students also included faculty members.

Faculty at Greenway are also important partners to both campus staff and students. In addition to their role as instructors and advisors, they see students on a weekly basis, and can communicate concerns or red flags to student affairs staff. These red flags can arise from student absences, as well as troublesome communications received from students in the form of assignment responses, emails, and advising conversations. Jordan and Juan explained that faculty at Greenway are experienced in working with students who engage in the mental health leave process, and sometimes provide advice to students as they make decision about taking time away for mental health treatment. Jordan explained that while faculty collaboration is important, student affairs staff need to continue to work with them to make sure they understand how the mental health leave process works, and that collaborative partnerships are key to supporting students holistically. Jordan added,

Helping faculty understand our role in this process so that they also don't share those misconceptions that the students perpetuate...I think that that is important that they understand that I think it is important that they are our partners in this."

Creating shared knowledge regarding the leave process for faculty and staff was an important element to providing holistic support for students.

Residence life staff are another group of valued stakeholders on a residential campus such as Greenway. Resident Assistants and Area Directors are often on the front

lines when a student living in on-campus housing has a crisis. At Greenway, residence life staff notify Student Affairs staff when students appear to be struggling or moving towards a crisis, and the residential staff are often the ones to initiate emergency services during a crisis. Juan explained that the relationship with residence life is particularly important, and why he and other student affairs staff work to keep a loop of communication, particularly during and immediately following a crisis. He stated,

We always trying to maintain that relationship and make sure that they [residence life staff] are aware and that they [are] hyper tuned into what is going on [as this] is incredibly important. They need to know, they need to be updated practically immediately when it comes to any kind of hospitalization or any kinds of changes so that way they can tell their staff.

Even though conflicts and mistakes can occur during collaborations with residence life and on-campus staff, the ultimate goal of supporting students overrides frustrations staff participants expressed.

Staff participants do experience some conflicts when collaborating with on-campus stakeholders to support students. Brian stated, “There have been times when colleagues have not agreed with our perspectives.” For example, Brian explained that these tensions are a natural part of these collaborations, particularly when staff are collaborating to advise students on taking time away from college for treatment. He elaborated, “Occasionally disagreements on a student’s need to take a medical time away occur....the health center or the counseling center may say the student’s not ready, but we believe they are.” Support staff are concerned with the overall student body, not just the student in crisis. Thus, while

the counseling staff might think a student in crisis does not require a leave, the support staff might disagree as they consider issues for the overall student body.

For staff participants, this tension in perspectives is viewed as a natural weighting of expert opinions and perspectives, and not as a breaking of partnerships between stakeholders. Jordan elaborated on these challenges,

This [relationship among support offices] is hard at this institution I would say, [because of] some historically siloed type issues...An integrated approach cross-departmentally has been good. I think we're getting better at developing that in terms of okay, who knows this student, what the best outlet of support and integration is and who needs to know when stuff's going on.

Even though staff described on-campus supports as being the most crucial aspect of their day-to-day interactions with students, off-campus supports also play a crucial role in supporting students as they develop strategies that will help them move through the process.

Off-campus supports. Staff and students collaborate with, and access, a variety of off-campus supports during and after the mental health leave process that include off-campus therapists and physicians, family, and peers. Brian described these collaborative units, "I've talked with therapists in town, the treatment facilities, the police." Caroline, Brian, Mary, and Elise, Jordan all described the important ties with off-campus providers. Elise elaborated, "We have a memorandum of understanding with some agencies in the community including a psychiatric hospital, but also a medical hospital...The expertise of the off-campus health care providers is greatly valued by college personnel." Jordan has

also worked closely with substance abuse providers, while Caroline has worked with women's shelters.

Jordan explained the importance of health care provider recommendations in letting the college know a student is ready to return. He explains these relationships to students for when they come back to campus. Jordan offered how he explains this to students. He said,

Your providers are going to say, "Here's what you need in order to be successful" and then we can either say "Yes, we can do that for you." Or, "You know, you need some more time until you're at a point where we can provide everything that your provider recommends, because right now they might recommend too much support for them than what can provide here.

Juan echoed Jordan explanation of these relationships. Juan added,

I think we have gotten to a pattern where everything is geared around students making relationships with their health care providers and with us to make sure that we can support them when they come back, whether that is a week from now or three years from now.

In addition to the off-campus professional services that students access, they continued to rely on their family for support.

Family members can also be a valuable source of resources and support during and after the mental health leave process for some students. Staff members described families as being a valuable part of a team effort to support students. Family support is most crucial during a student's time away from the college, as family members help students to coordinate treatment. Often, a family also financially supports their student during the time

of crisis and leave. However, conflicts can occur during these collaborations, though these conflicts do not preclude cooperation, and often occur during the height of a crisis when emotions run high for some students.

Brian explained the stress parents are under when they have a child in crisis “Parents can sometimes be difficult because they're not always at that place either where they're prioritizing their child's health and well-being.” John echoed this concern, “The role of the family becomes a little more difficult because sometimes even the parents and families, their perspective and focus isn't necessarily on the wellness, but, in many ways, they're just as rigid around certain goals, and timelines, and such.” The focus on the timing of academic expectations by students and their families of completing college in four-years can create a context in which time off for a leave does not fit expectations.

Jordan reflected on the positive side of family interactions, describing his interest in focusing on the strengths and support family may have to offer. He stated, “What kind of family situation is the student returning to? What supports are available? I think it's a really good part of the process as well.” For staff participants at Greenway, building relationships with family is important, even in times of disagreements, as families provide core support to many students when they are taking time away from campus for treatment.

Framing the big picture. Many students struggle with imagining their life outside of their original intentions to graduate in four years, fearing that their college experience may deviate from their initial plan upon beginning their freshman year. All staff participants articulated a deep understanding of the student's individual perspective about the process as they move through each step of their journey. Jordan described the student's disruptive situation from a staff perspective: “I think students can experience that

challenge [of the leave] sometimes because they're obviously experiencing whatever is going on, the whole process, be it crisis or aftermath." He explained that just as each student is different, so is the experience with the mental health leave and reenrollment process. Jordan elaborated. "They're experiencing [the crisis] in a very personalized way." Staff participants expressed a desire to coach students through the individual transitions of the mental health leave process by framing student wellness goals from a big picture process.

Juan used deliberate analogies when framing the period of time away as a choice that will help students achieve both their wellness and graduation goals. He stated,

I always couch it as This is the only time in your life where you can say to your employer or your supervisor who, let's consider that in the school, 'You know I'm going to take 4 to 6 months and figure out what I'm going through and how I can cope with this, and then I'm going to come back when I'm ready and everything's going to be here for me when I come back and I don't have to give up my major.'

Helping students view the leave as a healthy option and one that is easier to do when in college versus later in life was part of painting a bigger picture for students. Juan further described his hope for the student experience during their time away and how they can develop coping mechanism and habits that will improve their health and their college journey after reenrollment,

It really is the chance for them to say "I need to take a step aside, figure out what's going on and then I can step back in; academically, socially and all of that stuff"...I always encourage students to take two classes at a local community college when they are on medical leave...The idea is you are going to spend a summer in therapy.

You are going to spend the first October to December in therapy, get some coping mechanisms under your belt and then you will get to the point where you know you can try it out with different classes and different things. That way you can start trying out how are these coping mechanisms.

Offering students choices and strategies about keeping up academic progress during their leave was one way to provide a larger view of the leave process and time away.

Elise and Caroline articulated an understanding that students' frustration with the process can be tied to frustration with staff, particularly in moments of crisis, or when students feel unsupported. Elise described her experience,

I've had it all. I've had the, "I hate you, this is not the place, you're kicking me out because you know I'm struggling with mental health," to "Thank God you saw things about me that I didn't see myself that I didn't see that I was deteriorating. That I didn't see that...How could you allow me to be here, if I wasn't taking care of myself and I was compromising the safety of not only myself, but other people"...I get the gamut.

Because staff members have dealt with a number of students, they can provide a larger perspective of the range of responses to the leave process.

Staff participants described their efforts to frame what John refers to as the "big picture" of the process for students in order to help students make decisions about the benefits of engaging in the process. Staff members expressed a shared desire to help students understand the big picture perspective of their journey, and some furthered their explanation of the big picture with examples of how they use their individual style to connect with students. Jordan discussed his word choice with students,

I usually will start basically congratulating them for thinking big picture about the options...normally even considering that or wondering what it would look like takes some strength for a student. I usually start by trying to validate that. Usually, I frame it as, "This is for you, if at all possible, if it's helpful. It's one option among many." I tend to frame it that way.

Offering perspective on the leave process for students began to provide students with expanded options and views of the process. Mary described her straightforward style:

I do it in a very frank, direct, and simple way. I think a lot of times...we use a lot of psychological jargon and maybe even in higher education administration legal terms that people don't understand. That lay people, families, students, don't get.

I try to just be as plain spoken as I possibility can...Here's what it is.

By offering a simple way to view the leave process, Mary works to support students by removing challenges of decoding terminology involved in the leave policies.

Brian described the optimum college journey students can have once they have sought treatment and returned to school healthy. This viewpoint is linked closely to the Student Affairs division mission encouraging students not just to exist in college, but to blossom and thrive. Brian explained,

The idea is not just to race to minimum competency so that you can get back as quickly as possible, but really take the time you need to come back recharged and with adequate energy and resilient skills and coping strategies in place to have the type of experience they probably envisioned for themselves when they came...Often I've flipped the script and say, you know it's pretty evident from what you're telling me that you're not having that kind of experience.

By recounting to students in crisis what they are experiencing versus what is possible to experience in the college journey, Brian was framing the experience in broader terms. This big picture perspective was intended to provide students with a long-term view of the leave process and its intentions for coming back stronger and more able to fully participate in the college journey.

Finally, John framed the positive side of the process to students, and emphasized that the process is not a punitive measure. “I really try to frame it that way, that it’s not a punishment or consequence of any kind, but it’s one of the ways that the institution supports your success, and your holistic success.” This focus on student development and an optimal college journey during the mental health process stood out in these research findings, as existing research on the mental health leave process is largely focused on issues of legality and compliance on the part of college staff.

Summary

In exploring the student’s experience during the mental health process, a picture of advocacy on the part of staff participants emerged. The mental health leave and reenrollment process is at its core just that, a process. A process that begets protocols, and bureaucracy, and requires numerous on- and off-campus supports. It is a process that exists because students in a mental health crisis need it to. The mental health leave process allows colleges to facilitate what students in crisis need most: a time and space to address urgent medical needs and treatment. Student participants experienced the process from a step-by-step individualized process as they moved through each transition. Conversely staff endeavored to frame the process from a big picture perspective, working to focus students on moving through and out of the process and back into their previously interrupted college

journey. This research study revealed an unexpected finding: for staff who support students, the focus is not solely on liability issues and logistics. Rather, for staff, their mission at heart is about being good company to students as they maneuver through their interrupted college journey. In the next chapter a new conceptual model, based on a student development perspective, is presented.

CHAPTER 7: DISCUSSION AND CONCLUSION

College students who engage in the mental health leave and reenrollment process experience interruptions and transitions that shape their college journey. The purpose of this study was to examine student and staff perceptions of this process, through the lens of Schlossberg's (2011) transition theory, as well as to examine the barriers and supports students may encounter during their engagement in the mental health leave and reenrollment process at a case site college.

Research participants for this case study included Greenway graduates and staff members. Staff participants were members of the Student Affairs division at Greenway, and each of the seven staff members interviewed played a direct role in shaping the journey of students who had engaged in the mental health leave and reenrollment process. After a lengthy referral process in which I collaborated with staff members to extend invitations for student graduates to participate, four students agreed to share their stories through semi-structured interviews. In addition to staff and student interviews, email documents provided by a student participant and my bracketing process through the use of researcher memos were integrated into the study codes and themes.

This case site study was guided by the following research questions:

1. What messages do campus staff intend to communicate to students in regard to the policy, processes, and documentation associated with the mental health leave and reenrollment process?
2. How do students experience the mental health leave and reenrollment process?

- a. What barriers and/or supports do students encounter during the mental health leave and reenrollment process?
- b. How do students transition through the mental health leave and reenrollment process?

The literature on the mental health leave process is scant and primarily composed of legal analyses and policy recommendations. A qualitative research study solely addressing the mental health leave and reenrollment process was not found at the time of this study, but there is relevant literature on the complications of suicide on college campuses (Bonnie et al., 2009; Johnston, 2007; Kravets Cohen, 2007) and best practices for college personnel working with students in experiencing a mental health crisis (Jed Foundation, 2006; University of Pennsylvania, 2015). This qualitative study on the mental health leave and reenrollment process adds to the literature in multiple ways. First, this study examines the mental health leave process from a higher education perspective as opposed to a medical perspective, which is often used when viewing the experience of individuals with mental health conditions. This research also provides direct insight into students' experiences from their initial mental health crisis to their eventual return to their college journey. Third, this study offers unexpected finding regard to the values of staff members as they engage with students during this process. Finally, a new conceptual model of the mental health leave process provides insight onto the development of students as they maneuver through the process as well as on the values of staff members as they support students in their journey.

Student participants did not anticipate their mental health crisis and their subsequent interruption to their college journey. The voices of both staff and student

participants allowed for an analysis of multiple perspectives on this interruption and the subsequent transitions student participants maneuvered through to return to their college journey. Three themes emerged from my research. First, students who transition through the mental health leave and reenrollment process do so through a series of four main steps, which at a minimum include periods of: crisis, time-away, re-entry, and continuation of the college journey. Students accessed supports as they moved through these four steps and developed strategies that allowed them to move through unanticipated transitions. Second, students experienced the mental health leave process as an individualized experience, which, upon retrospection, evolved over time into a more holistic process. Third, in contrast to the student perspective, staff view and see the process from a broad perspective. They used intentional collaborations and provided good company to students to support them as they transition through the mental health leave and reenrollment process. These findings provide a framework for college personnel to develop a deeper understanding of how to support students as they maneuver through this process. For students, organized outreach and advocacy from supporters at each pivotal transition of the process could ease movement between unexpected interruptions and provide advocacy and guidance from college personnel, health care providers, families, and peers

In the first part of this chapter, I will present a new conceptual model, based on a student development framework, to trace the students' unanticipated interruption to their college journey from crisis to time away, then to re-entry and return to the college journey. I will discuss the four transitions that students move through as they engage in the mental health leave and reenrollment process. Next, I will review supports students can access as they transition through each step of the process, as well as the strategies they develop along

the way through the lens of Schlossberg's (2011) transition theory. I will then review the staff perspective on the process. An unexpected finding from this research centers on staff values. These values include intentional collaborations, framing the big picture of the process to students, and providing students with good company on their journey through and out of the process. Last, implications and recommendations for future study on the mental health leave and reenrollment process will be reviewed.

Conceptual Model

The conceptual model created from the findings is shown in Figure 6. The mental health leave and reenrollment process at Greenway is complex and has many iterations (as seen in Figure 6). Despite the informative intentions of the leave process that includes many logistical pathways, the current process did not provide an accessible means for understanding how students transition through the leave and reenrollment process. After reviewing Greenway's policy process for leaves and interviewing student and staff members, four distinct stages of transition emerged. Regardless of whether a student took a traditional or retroactive medical withdrawal, and regardless of individual complexities and times cycled through the process, at a minimum, each student experienced four main transition periods.

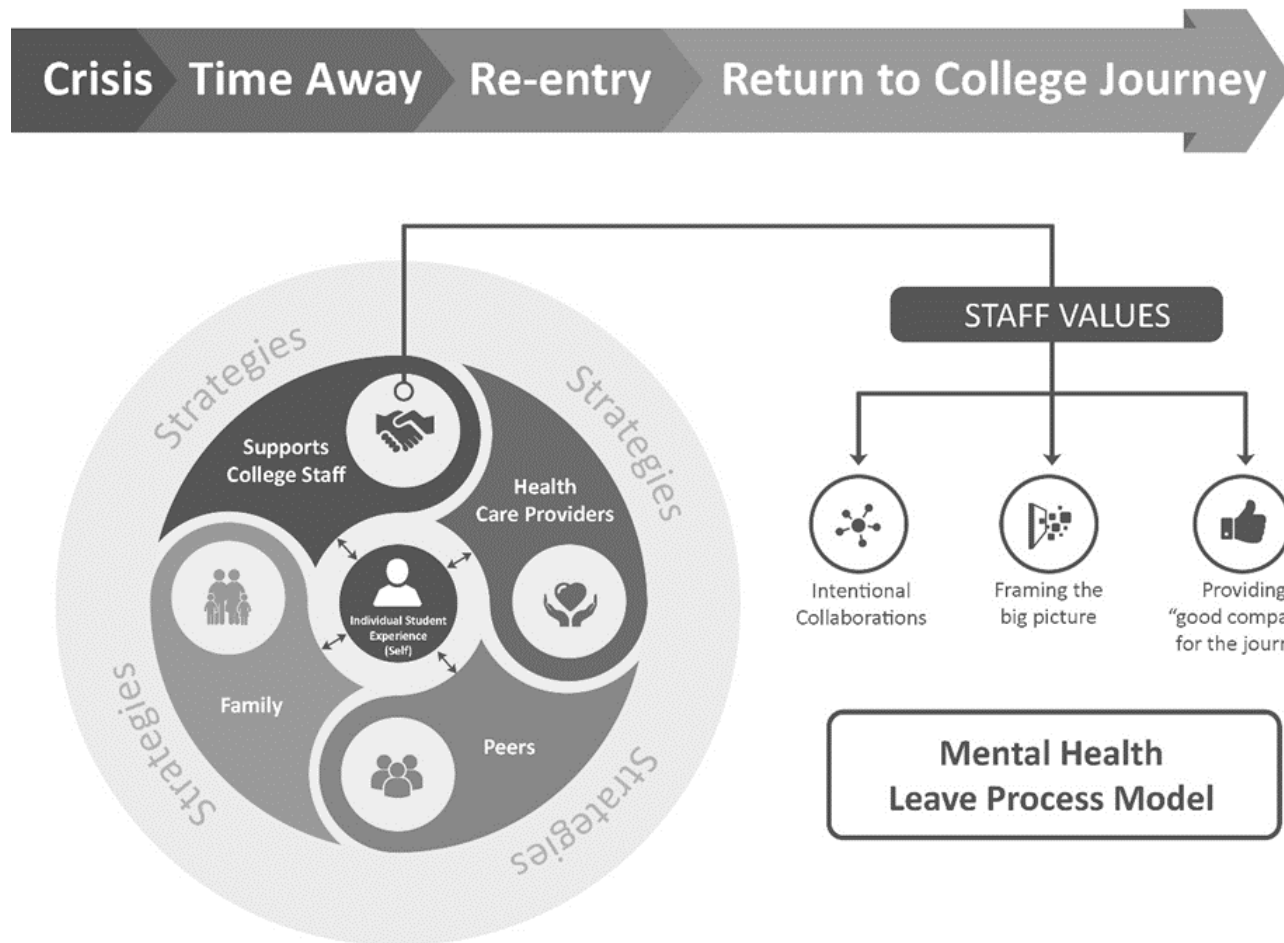


Figure 6. The mental health leave process model (Schlossberg, 2011).

As shown in Figure 6, I have endeavored to codify the developmental process with four points of transition, including the initial crisis, a time-away, period of re-entry, and continuation of the college journey. Student participants viewed and described the process from an individualized perspective, which progressed one transition point at a time. This step-by-step progression meant that the students did not always see or understand aspects of the process until they were immediately presented with the need to transition to the next stage. For example, during the time of crisis, students did not consider the reenrollment process or completing the college journey in anything beyond an abstract concept. The participants were intently focused on the task at hand in the process.

Examining the four basic transitions through the lens of Schlossberg's (2011) transition theory allowed for an evaluation of the mental health leave and reenrollment process from a student development perspective, not a medical one. For the students, the transitions involved various roles of self, situation, support, and strategies employed in the mental health leave process. At its core, Schlossberg (2011) focused on four coping factors-referred to as "The 4 S's" (p. 160). The first factor involves the individual examining their own *situation* to discover and identify what triggered it, and what kind of impact the mental health crisis may have on their life. For student participants in this study, their crisis was an unanticipated *situation* that interrupted their college journey and launched them into a process they previously knew nothing about.

The second factor is related to the *self*, and includes two facets, an individual's personal traits, and their psychological resources. All students in this study had an image of themselves that was linked closely to their identity as a high academic achiever, thus the onset or continuance of their mental health symptoms interfered with the image they had

of themselves. As they moved through the process, accessing supports and developing coping strategies, students had the opportunity to develop a more holistic view of themselves, with a balanced perspective on both academic and wellness priorities. This balanced approach allowed students to prioritize their health and wellness.

The third feature of the transition process is *support*, which refers to the care and guidance received from others during transition periods. For study participants these supports included resources from college staff and faculty, health care providers, family members, and peers. It is important to note that in addition to strong institutional support, the students in this study received financial and moral support from their families. This level of support may differ for student in different socioeconomic situations than the ones in this study. In addition, due to the qualitative nature of this study, a quantitative measure for each level of support was not determined. These varied levels of guidance provided students with a safety net as they transitioned through each step of the processing, allowing them to develop coping strategies they would need to complete their college journey.

Lastly, *strategies* describe coping measures and techniques that students develop as they move through transitions. For student participants, the strategies included adherence to medication regimes, techniques for dealing with panic attacks and anxiety, and improved sleep hygiene. This research found that each of these coping elements was employed at important junctures of the mental health leave and reenrollment process (Evans et al., 2010; Schlossberg, 2011). For example, student participants who invested time and focus on working with their health care providers during their time away were able to use the coping strategies developed in treatment to aid them in their re-entry to the college.

Discussion

Student participants experienced the mental health leave and reenrollment process from a step-by-step individualized process as they moved developmentally through each the four transitions in the process including; crisis, time away, re-entry, and return to the college journey. While these steps in the model are linear, in practice, each student progressed in their own time, and for some students, the steps were repeated. In order for students to develop coping strategies to move through the process, they had to access the supports and resources offered to them. Student participants in this study successfully transitioned in, through, and out of the mental health leave process. As a result, students who were unable to return to the college were not included in this study. In addition, students in this study were high achievers who possessed a strong desire to achieve their graduation goals. They may have come to college with strong coping skills, not measured by this study, which ultimately contributed to their success in returning to and completing college after their mental health leave. Staff endeavored to frame transitions from a big picture perspective to guide students as they moved through and out of the process. Staff demonstrated a student development focused perspective which included providing good company to students as they maneuvered through their interrupted college journey is a core value for staff, which includes both framing the big picture perspective for students and participating in intentional collaboration to maximize support.

Self. Each student participant described his or her sense of *self* before engaging in the mental health leave process. Even though each experience was unique, all the student participants shared a common identity as high academic achievers at an elite institution. When their mental health condition threatened their academic success, they struggled to

develop psychological resources, and to prioritize their health over academic goals. Max described the pressures of the academically competitive climate at Greenway,

I'm sure there are a lot of people that are intrinsically motivated but it seems like there's a major part of it [academic success] is getting off on feeling like you suffer more than somebody else because the suffering somehow builds character.

Students in times of crisis found the situation of being in a competitive academic environment often contributed to their stress levels and taxed their already stretched coping mechanisms.

Staff members expressed a keen understanding of the struggle for students to cope with their health condition while attending an elite college. Jordan provided a portrait of students who have earned their place in an elite institution, adding “Students fight really hard to get their spot here, so they’re concerned that they’re somehow going to lose it or that they’re going to have to prove their way back in or anything like that.” Students had a core element of their identity built on their previous academic success. John pointed out that the climate of academic competition also puts the onus for addressing this type of pressure not just on the student, but on the institution as well. He summarized, “Too often, at institutions like ours, highly selective, academically talented students, the story, at the end, is always one of survival.” High achieving students are well matched in many ways to a competitive institution such as Greenway, but further internal and external examinations of campus climate by institutions should be tempered with student health and wellness priorities (Scelfo, 2015).

For the high achieving students in this study, part of the situation involves a quest for perfection. Max described how this climate of perfectionism has followed him even after graduating from Greenway,

The first advertisement I got in the mail for donating to the class [alumni] fund had a little stamp with a Greenway logo and the rest of it was blank except for 3 words on the front: "You are perfect." I know that that mentality is already well established into the kids long before they come to Greenway College—it's part of the reason they pick the school in the first place...It's not a healthy mentality. You're perpetuating the situation at the highest levels of the institution by saying you are perfect.

For Sam, what might have been perceived by some students as a compliment on their hard work and accomplishments, was instead a bitter reminder of his initial struggle to be academically successful in a highly competitive environment that seemed to encourage perfectionism. Students in mental health crisis were focused on creating a sense of self that allowed these high achieving students to reconcile with lifelong dream of excelling at and graduating from an elite institution. The support structures these students accessed provided a range of coping strategies for the students along their journey to both wellness and academic success

Gabriel, Max, Emma, and Sam are not alone in their identity as high achievers at an elite institution. In her article on the growing suicide rate for young adults, and its impact on college campuses, Scelfo (2015) highlighted suicides over the last decade at schools like Tulane, and Cornell as well as the culture of perfectionism at these highly competitive academic institutions. At the University of Pennsylvania, college community

members have taken a hard look at their own school climate, particularly the dangers of what students refer to as “Pennface” (p. 1). This term was coined to symbolize a culture at the University of Pennsylvania that puts additional pressure on students who are already perfectionists, encouraging students to keep on a happy face even when they are in distress. Penn staff and students have begun working to change the climate around suicide and help-seeking behaviors by initiating dialogue with students and community members and creating peer led support groups (p. 1). In the next section, I will discuss how high achieving Greenway student participants engage in an academically competitive college community during their mental health crisis.

Time of crisis. Student engagement with the mental health leave and reenrollment process begins when a student experiences a mental health crisis. The nature of student crisis can differ widely, but may include self-harm, onset of a debilitating health condition, hospitalization, or a need for treatment outside the community. With the exception of Max, who had previously been on a psychiatric medication in high school, the other student participants were not prepared for the disruptive onset of their mental health condition. Undergraduates, like these student participants in the 18-24 year old range, are vulnerable to the onset of mental health conditions that may include depression, anxiety, and mood disorders (Gruttadaro & Crudo, 2012; McKinney, 2009). These conditions can be devastating to a student’s health and academic performance as they may experience difficulty with sleeping, hopelessness, anxiety, and mood regulation (McKinney, 2009; Wyatt & Oswalt, 2013). In Weiner’s (1997) qualitative study on undergraduate students, she investigated the reasons that students with mental health condition withdraw from courses. Students described the reasons for their inability to perform successfully in their

coursework included the onset of debilitating health conditions and symptoms and difficulty adjusting to psychiatric medication side effects. This situation was the case for the student participants in this study.

Student participants in this study experienced a variety of events that began their engagement with the process. Gabriel experienced three rounds of crisis starting with an illness contracted abroad that snowballed into a series of major depressive episodes. Max was academically suspended from the college after a change in his psychiatric medication affected his ability to perform academically. Emma had a bad reaction to an antidepressant that resulted in crippling panic attacks, and Samuel sustained a series of concussions that contributed to significant mood disturbances. The crises, as seen in Figure 7.1, is the unanticipated crisis, experienced by student participants, that required them to take medical withdrawals so that they could seek treatment at home.

Individual supports are particularly important during times of high stress and crisis, such as the onset of a mental health condition (Schlossberg, 2011). Students accessed a variety of supports during their time of crisis. These primarily included on-campus supports, such as the Dean of Students Office, Counseling Center, and the Student Health Center. Of these supports, students mostly accessed the Student Health Center and Counseling Center during their medical and psychological crisis, then relied on the Dean of Students office to assist them in a medical withdrawal so that they could seek treatment.

Gabriel found himself somewhat disenchanted with college personnel during this period, relying heavily on the moral support of friends and family. An aversion to accessing counseling supports is not unusual for college students, as stigma associated to mental health treatment can prevent students from getting the help they need. Eisenberg

et al. (2009) conducted a study with 5,555 college student participants, focusing on the intersection of stigma and help seeking behaviors. Researchers found that many students had a fear of being stigmatized by others, which prevented them from seeking counseling or medical treatment, even when they were experiencing a mental health crisis.

Max did access support prior to his academic suspension, which included an on-campus psychologist. This college staff member acted as a key resource both during his crisis and after he left campus. Max viewed other staff personnel as important in helping him completed the paperwork he needed to submit for a medical withdrawal. Like Max, Emma relied on the support of multiple stakeholders during her crisis, including student health center physicians and the Dean of Students office. Emma's roommate physically supported her the night she had a debilitating panic attack that resulted in a trip to the emergency room. Emma also counted her father as a key resource to whom she reached out when she realized she could not continue with the semester.

Samuel was the only participant who named the Dean of Disability Services as the main point person during the time of crisis. In addition to helping him with the logistical aspects of withdrawing, this dean also assisted him in pulling together a support system, which included his parents and some of his friends. In the time of crisis, each student elected to build an individualized support system that supported their needs as they transitioned through the process. Even though student participants accessed on-campus resources during their crisis, their support systems shifted in the next transition during time away and focused instead on family and health-care providers at home.

Time away. During interviews of both student and staff participants, the transition following a mental health crisis was characterized as a time away from the college that

focused on treatment and building coping skills. For the student participants in this study, having to take time away from school was a difficult choice that deviated from their plan to complete their degree in four years. Goodman et al. (2006) described this type of transition as “off time” (p. 99) because the time away from campus deviates from the individual’s plans for the time period in their life designated as going to college. Student participants were not happy about the change in their status from being a full-time student to a student who has taken a medical withdrawal, but because the campus community resources were not sufficient support during their crisis, they ran out of options and needed to return home for treatment. Notable, the students all had families that supported their return home.

For Gabriel, who experienced three periods of the time away, treatment during his first two times away periods was not successful. He admits that he did not fully engage in his treatment until his third separation, “After I went through the third time, that's when I decided to really...suppress my habits as in like just back away from alcohol and everything.” For Max, time away was centered on volunteer work and therapy with an experimental psychologist who helped him to build the confidence he would need to successfully return to Greenway. Emma’s short time apart from the college focused on medication management and therapeutic treatment of her panic attacks. Finally, Samuel’s treatment focused on addressing his insomnia and on developing health habits to help management the after effects of multiple concussions.

For student participants, time away from Greenway College served as a treatment period; as such, health care providers played a pivotal role in providing students with the support they needed to manage their health conditions. This break from college was a

vulnerable time for all participants, one in which moral support was integral to their transition (Schlossberg, 2011). Gabriel worked with over 10 psychiatrists and psychologists during his three periods of time away, finally finding two providers who were the right fit for his needs during his last round of time away. Max spent almost two years working with an experimental psychologist who used theatrics, movies, and real-word analogies to help him build a sense of confidence and assertiveness that he would carry with him back to the college. Emma received medication management and counseling that allowed her to conquer her debilitating panic attacks, and Samuel received medical care and therapy that provided him coping strategies to manage his insomnia and mood swings. In addition to health care support, all four student participants lived with their families during their time away. In each of these four cases, parents provided the students with both moral and financial support during this critical juncture so that they could recover and continue on to the next transition in the process, the re-entry period (Schlossberg, 2011).

Re-entry. Student participants transitioned back from their time away from Greenway by way of the reenrollment process, in a transition step that I labeled in Figure 6 as re-entry. As described by student participants, the re-entry process is marked by both the bureaucratic process of returning to the college, as well as the emotional aspect of coming back into the environment where the initial crisis occurred. In M. Brown's (2014) study of college veterans returning to college after time away on active duty, she used Schlossberg's (2011) transition theory to investigate how deployment impacted college journey of her 10 study participants. Results from this study indicated that students returning to college following deployment described their re-entry as a significantly

challenging time. Here, participants struggled to adapt to new course requirements, had difficulty with attentiveness and focus, and struggled to find support (M. Brown, 2014). Even though Max, Emma, and Samuel felt well-equipped to return to Greenway, Gabriel struggled during his first two re-entry periods. He linked his difficulty in reengaging with his lack of commitment to treatment during his first two time away periods. Even though Samuel had a great deal of confidence when he returned to Greenway, particularly in his new wellness routine, he was conscious of being different than many of his peers, as he had aged and matured during his time away. The different experiences of the participants in this study on re-entry points may have been impacted by additional influences regarding the length of time away on the re-entry process. Because of the complexity of the overriding mental health crisis, parsing out the precise ways in which re-entry was influenced due to the specific time period away versus increased mental health and coping strategies is not possible to decipher within the boundaries of this study.

A key aspect of student success in re-entry is in the deliberate movement from home supports provided by health care providers and families to support in the campus community. For student participants, the transition from living at home and participating in treatment with off campus providers shifted back to supports based on the college campus or in the nearby community. For student participants, these supports included student affairs personnel, faculty, campus counseling and health services, and community therapists and psychiatrists. Student participants did not abandon their family supports upon returning to school, but they did shift their immediate focus to their peer support system. The fundamental support role provided to student participants by family members

during the re-entry process indicates a need for further research on this crucial key transition as well as on this transfer of support.

Return to college journey. The return to college journey can be a bumpy one for some students. Glass (2010) explored the challenges college students with mental health conditions face, even when they are experiencing periods of wellness. These challenges include learning to cope with medication side effects, applying for reasonable accommodations, and making decisions about how and when to discuss their experiences with their peers. After students returned to Greenway through the reenrollment and re-entry process, the participants in this study focused on getting back on track from their previously interrupted college journey. For student participants, their mental health crisis was a significant and unanticipated transition, one that temporarily pulled them away from their academic agenda. Their return to college life and eventual graduation is what Schlossberg (2011) refers to as an “anticipated transition” (p. 159). An anticipated transition is one that is planned for such as a graduation or the start of a new career. For student participants, this transition meant a time to re-focus on coursework, academic majors, extra-curricular activities, internships, and post-graduation plans.

Given the focus of this research study, it is important to understand from a student perspective the experience of moving out of college due to a mental health crisis and moving back into college after a leave. For Gabriel, a focus on biology and kinesiology led to the pursuit of a medical degree after graduation, something he began to doubt would ever happen during his third medical withdrawal. Max found he had a renewed sense of confidence both in and out of the classroom, as well as a deep affinity for heavy metal music, participating as a member of bands both in his time at Greenway and after

graduation. Emma, who graduated on time from Greenway with a degree in psychology, went on to pursue a graduate degree and career as a therapist, inspired by the psychologist she worked with while on her time away. Samuel completed his degree in science while taking on additional coursework in art during his last year at Greenway. Following his graduation in 2014, he has successfully pursued a career as a biotechnology researcher. Upon return to their college journey, each participant who invested in their treatment during time away was able to use the strategies they had learned to temper their academic goals with a priority on their health and wellness. Even though student participants shared some common experiences and challenges, they each moved in, through, and out of the process as individuals on a journey that is unique to them, which Goodman et al. (1995) describes this process as moving in as “moving in, moving out, and moving through” a life transition (p.26).

Accessing a meaningful support system was an important element of success for students returning to their previously interrupted college journey. In a survey of 765 college students with mental health conditions conducted by The National Alliance of Mental Health (NAMI), researchers found that half of the students surveyed did not elicit services from their campus counseling center, and almost half did not access reasonable accommodations (Gruttadaro & Crudo, 2012, p. 8). The participants in my study differed. In addition to the ongoing support they received from family and peers, participants at Greenway continued to use a variety of supports during the continuation and completion of their college journey. They accessed services that included campus physicians and therapists, academic advisors and tutors, enrollment support, and ADA accommodations. Students also accessed health care providers in the community when needed. Student

participants also valued the support from peers during their crisis. The key aspect of building a support during this final transition was engagement. Students can have a myriad of supports available to them, but if they do not access them, as Gabriel struggled to do during his first two returns to the college, they may continue to struggle.

Strategies and self-reflection. Student participants experienced the transitions of the mental health leave process using a step-by-step individualized process. Upon encountering their initial unexpected health crisis, they struggled to rationalize the need to leave school for treatment with their academic identities as high achievers. Schlossberg (2011) stressed there is “no single magical coping strategy;” instead a focus on flexibility and persistence are key to developing coping strategies (p. 161).

Gabriel’s depression was a heavy burden to him as he moved through the mental health leave and reenrollment process three times. The key element to his final success was a complete engagement in his treatment, which for him was linked to the development of relationships. For Gabriel, seeing a doctor or therapist who didn’t have a deep understanding of who he was as a person was problematic. It was only when he persisted in finding the right fit for his care, relied on family, and made deliberate choices to stay connected to his peers and the world around him, that he was able to return, flourish, and move on from his college journey.

For Max, a newfound sense of confidence and assertiveness were key to a successful completion of his college journey. More than any other topic covered in his interviews, Max stressed the life changing experience of therapy during his time away as key to his later success. Even though Max had struggled with what he perceived as failed perfectionism and a passive affect that prevented him from achieving his goals prior to his

crisis and academic suspension, he returned to Greenway with a new confidence in his abilities that was no longer tied to being perfect. In addition, his engagement in a new extracurricular activity provided him with a social life that had been previously limited. According to Max, these skills have continued to improve and grow beyond graduation.

Emma experienced shock over her initial health crisis as well as trepidation over the disruption to her academic plan to complete her degree within four years. At the time, she was not able to see beyond her present circumstances. In retrospect, she acknowledged that it would have been okay for her to take a little extra time to finish school and would not have mattered in the big picture. Yet, the perception of an on-time graduation as the right path for high achieving students underscores another element of perfectionism experienced by these high achieving students. Emma was highly motivated to maintain her health following her crisis, and she maintained a solid support system composed of medical providers, family, and peers throughout her college journey until graduation.

Samuel's day-to-day life changed dramatically after he incurred multiple concussions while playing football. He struggled with severe insomnia and had difficulty with regulating his mood. After learning new strategies to cope with these struggles, Samuel was able to return confidentially to Greenway to complete his journey. Once returning, Samuel became cognizant of his health and wellness being more important than his academic achievement. Further, he reflected that making his health a priority allowed him to flourish academically. He became more comfortable with his faculty, and had a renewed interest in his Chemistry studies as well as his Art minor. Samuel also turned his interest in wellness outward, seeking ways to improve the health and wellness of his peers, just as he had done for himself.

Good company. Students described the mental health leave process using an individualized step-by-step perspective, whereas staff participants in this study frequently described the mental health leave process using a big-picture perspective. Staff characterized the process as a series of tools that allowed student to take time away from school to seek treatment for pressing mental health issues. Staff view their role in this process most strongly as advocates for students through each of the stages of this process, while acknowledging that student perspectives on the role of staff may shift over time. John described this “big-picture” perspective:

We have the opportunity to help shape what the experience looks like, from our communication, to how we encounter students, and hearing students, and listening to students, and helping them recognize that we are listening, though there may not be agreement; and because of our expertise, and the big picture that we see, that's going to play out.

Like John, staff members continually expressed student health and wellness as a priority when guiding students on their engagement in the process. Even though liability concerns do exist for college personnel, staff participants articulated student health and development as their guiding concern as they were supporting students through the process. Yet, staff did hold an awareness that liability concerns understandably operate at all times on campus.

Mary described how the perceptions of staff caring more about rules and policies can serve as a barrier to helping students. She added, “I think the biggest challenge, particularly here, that I have faced is the perception...that we don't want students on campus that are not well and that the policies are being used to force people off campus.”

Tied into this perception is that students in a period of mental health crisis are a threat to themselves or others on campus. Elise elaborated on the “myth” of liability. “I think there’s an appearance in the campus community that [the mental health leave process] is actually driven wholeheartedly by liability.” Instead, Elise would like students and college community members to know that the liability concerns are not the driving force in the leave process.

The views and perceptions of staff participants were contradictory to those presented in the media and in legal and policy literature that focus largely on the liability role that college staff play in supporting students with mental health conditions, particularly those who may be perceived at risk for self-harm or the harm of others (Bonnie et al., 2009; Gabriel, 2010; Scelfo, 2015; University of Pennsylvania, 2015). Perceptions of colleges prioritizing their own liability over student well-being can be categorized into three main sources of college concern. First, there is a perceived danger posed by students with significant mental health issues along with the expectation that college personnel take active roles in preventing potential harm that may come to their student body. Bonnie et al. (2009) placed the origins of this heightened fear on the mass murder of Virginia students in 2007, perpetrated by student Seung Hui-Cho, and the blame placed on the college in its aftermath. A second influence regarding a focus on liability comes from media depictions of campus suicides and homicides that examine college response and interventions to crisis at colleges such as Virginia Tech, the University of Pennsylvania, and Cornell (Bonnie et al., 2009; Gabriel, 2010; Scelfo, 2015; University of Pennsylvania, 2015). Finally, civil cases involving college culpability, suicide, and FERPA laws paint a picture of a heightened liability climate for both college communities and personnel (Johnston, 2007).

It is not a surprise that college personnel place a priority on student wellness, as educators, this would be an expectation of both students and staff participants. What is unexpected about this finding is that it is in stark contrast to perceptions of liability priorities. Staff participants did not claim to be unaware or unconcerned with liability. What they did make clear, however, was that these liability concerns paled in comparison to student health and the optimum student journey. Elise described how perceptions of liability are flipped at Greenway in favor of a student development perspective, maintaining that student wellness and positioning students to have an optimum college experience always come first. She elaborated,

It's really what mostly drives [student wellness]. In terms of appearance within the community, it looks like it's a liability issue, but morally and ethically, what kind of community would we be if we knew that a student or a member of our community was in harm's way?

When staff provide good company (Baxter Magolda, 2009) to students, they reinforce a critical level of support for students during key points of transition in the leave and reentry process.

Baxter Magolda (2009) defines self-authorship as way for individuals, including students, to “reflect on life and use what you learn about yourself to develop an internal foundations that will provide a sense of directions (p. xix). According to Baxter Magolda, there are three phases in the journey to self-authorship, which include “Moving Toward Self-Authorship, Self-Authorship, and Moving Beyond Self-Authorship” (p. 323). In order to move forward in their journey towards self-authorship, students must learn how to hear and develop their own inner voice. For student participants, time away provided them an

opportunity not just for treatment, but also to take time to explore their own strengths and interests outside competitive academic pursuits. Students can move towards and into the phase of Self-Authorship by not just recognizing their own voice, but by building confidence and choosing to “cross the bridge” into living a life based their own values and priorities (Baxter Magolda, 2009, p. 327).

Finally, achieving the phase of “Moving Beyond Self-Authorship” allows the student to not just feel and understand their own voice and values, but to view their place in live as integrated with the world around it. An integral aspect of the self-authorship journey is found in the support and guidance of good company. Staff participants in this study viewed their role in the student mental health leave process as supporters, advocates, and guides to students during this process. This relationship is invaluable, and most valuable when it is sown in the beginning of the process, which in this study is at the time of crisis, because most students who leave Greenway intend to come back. When they do reenroll after their time away, syncing back in with the support staff that helped them when they left for treatment is a key aspect to their reconnection with the college upon return. As Jordan summarized, “Folks who have gone through something, when they come back, really do have a close relationship or a close point of contact rather than the kind of, here, jump through the hoops of your process.” Staff help provided a bridge during the times of transition.

Staff participants described deliberate choices made so they could provide good company to students. These choices include intentional collaborations with relevant stakeholders and framing the big picture perspective in which the mental health leave process is not viewed as a permanent interruption to the college journey. Instead, staff

focus on telling students that they can achieve a better experience once the students have received treatment and developed the strategies and introspection needed to complete their college journey. Jordan described a crucial aspect of providing good company to students, and that is in being present with them in the most painful and difficult aspects of the process,

There's a loss in that [leaving campus]. There's a real grieving that comes with that.

I think that's part of coming to terms with any kind of, again if I borrow from our accessibility friends, with any kind of disability. I think that learning to integrate...and not be defined by it, but also be, "All right, this is my life now and this is who I am," rather than perpetuating, this impossible ideal.

A part of this introspection is dealing with images of perfectionism. Staff participants at Greenway worked to teach students that prioritizing health and wellness is not a sign of weakness, and does not need to prohibit students from achieving their long-term academic goals.

Staff provide good company to students via use of several strategies and connections. Staff members built intentional connections among offices on- and off-campus and created a sense of the big picture for students. Both these strategies are discussed below.

Intentional collaboration. Staff members articulated deliberate and intentional collaboration with both on-campus and off-campus supports to help students develop strategies of support as they move through the process. For staff participants, these supports include student affairs personnel, college and community health care providers and families. Staff (Brian, Elise, Jordan, May) also emphasized how the processes and the

facilitation of supports upon return were important so students do not “jump back into the deep end of the pool” as characterized by Brian. In addition, Mary and Caroline emphasized the importance of the Americans with Disabilities Act (ADA), which for qualifying students can provide additional support in the classroom and on-campus residence. Mary tied ADA protections to the process itself, it as an “Americans with Disabilities Act is to create and to ensure equity of justice. I think that is an advocacy role. The policy itself is an advocacy policy.” Staff were able to draw intentional linkage between the ways in which policy and processes could provide support and protection for students in ways that the students did not always see due to their individualized view of the process.

Staff participants articulated deliberate partnerships with other student affairs personnel in their efforts to advocate for students in crisis, including members of the campus counseling center, physicians at the student health clinic, members of campus police, faculty, and residence life staff. This collaborative effort to support students is congruent with the Jed Foundation (2006) foundations recommendations for developing a team approach to supporting students at risk of experiencing a crisis. This type of collaboration has a direct impact on students because it “promotes information-sharing and coordinated action to address students who may be in distress or at risk for harming themselves or others” (Jed Foundation, 2006, p. 11). In Meilman’s (2011) essay on academic exceptions and the mental health leave process at Georgetown University, he also discussed the advantage of on-campus collaborations, most importantly between campus counseling centers and Dean of Students office personnel. These collaboration can provide supports and interventions for student who are experiencing mental health

symptoms that interfere with their academic pursuits including lower level interventions such as assignment and course extensions to partial or complete medical withdrawals (Meilman, 2011). When students with mental health conditions are experiencing symptoms that are interfering with their academic success, Meilman (2011) recommended some specific strategies and supports that can allow students to stay in school even when they are not experiencing wellness. He suggested a connected team of supports, including faculty, counseling staff (when applicable) and the Dean of Students office. It was just this type of collaboration that was occurring with staff at Greenway College.

Connections to health care providers also provided critical bridging points that staff helped create for students. These providers were most often psychiatrists and psychologists in the case of student participants in this study and staff participants noted their efforts to facilitate support among a range of support systems for students during the entire scope of the process. Following the crisis stage of the mental health leave process, staff participants explained that they rely on families and home health care providers to provide support to students during their time away. This transfer of support, which moves back to supports on campus during the re-entry period and continuation of the college journey, is a natural extension of providing “good company” to students. Baxter Magolda (2009), in explaining the role of good company in supporting students on their journey to self-authorship, emphasized that “new partners acquired in adulthood (e.g., significant others, friends, employers) can offer good company by joining the support network” (p. 250). For staff participants, establishing and maintaining extended partnerships facilitated smoother transitions for both students and the staff participants who support them.

Big picture perspective. Student participants described their disappointment and frustration with the unanticipated interruption their mental health crisis created. As high achievers, they did not anticipate a disruption to their plan to complete their college degree in four years. Students saw their journey from an individual perspective that consisted of step-by-step process while going through their leave and reentry. All staff participants articulated deliberate efforts to advocate for students by helping frame the big picture of the college journey following completion of the mental health leave and reenrollment process. John described his efforts in framing the process for students,

I try to help them come to a place where taking this leave, taking this kind of break, to focus on wellness, is the best opportunity for you to have the type of experience that you just described as what the ideal is. I really try to frame it that way, that it's not a punishment or consequence of any kind, but it's one of the ways that the institution can support...your holistic success.

Staff participants work to frame the process as a system that allows students to take time away from the college for treatment and renewal, not as a punishment that takes students permanently away from the college, is an important,

Implications for Future Practice

First, students received fundamental supports from relevant stakeholders as they engaged in the mental health leave and reenrollment process. These supports aided them in developing strategies needed to move through and out of the process. Implications for future practice include the development of best practices in forming intentional collaboration by college personnel, families, peers, and health care providers. In addition, college personnel should become knowledgeable about each transition in the process to

provide deliberate supports at each juncture of the process. Finally, students should be made aware of available resources and encourage to advocate for themselves by asking for the supports they need to develop coping strategies.

College personnel. The results of this study clearly indicated the invaluable role that college personnel playing in supporting students as they transition through the mental leave and reenrollment process. While students ultimately decide when to ask for and when to accept the supports they need, it is clear that developing relationships between staff and students as early in the process as possible is important. The immediate support students receive during crisis begins to build a bond with campus personnel that carries over when primary supports from time away and at home transition back to supports at the college during the re-entry process. In addition, intentional collaborations on the part of staff, such as the ones used by staff participants in this study, are a good example of how inter-office and joint community supports can be created to build safety nets and good company for students. Techniques for supporting students include intentional collaborations between on and off campus providers and professional development in the areas of crisis management and student development.

Students. Students must access the supports provided to them if they want to develop coping strategies as they move through the process. College personnel, health care providers, family members and peers can extend offers of assistance but in the end, the students alone must make the choice to partner with their support network. It is important to note that accepting help following a mental health crisis does not necessitate that students will not experience another crisis. However, students who understand what resources are available, and how to access them, will be in a better position to move through

the process when they are medically ready to do so. In addition, students who are high achievers must work to strike a balance between their academic and wellness priorities, with guidance from their support system. Essentially, if a student is not experiencing wellness, they will not be able to enjoy the fruits of their academic labor, which for students with high intellectual ability is an important aspect of their identity.

Families. Family members were valued team members when students at Greenway became engaged in the mental health leave process, particularly during the time away. For students who want their families to be part of the process, deliberate efforts should be made on the part of institutions and college personnel to develop relationships with participating family members. When dealing with students who are high achievers, education for families not just on the seriousness of a mental health crisis, but also on the options students have for completing their degree, are important. Options may include taking one or more community college courses during time away that lasts for longer than a semester and taking summer school classes upon return.

If both staff and families can jointly present the big picture perspective to high achieving students during a time of crisis, it may make it easier for them to take the time away they need for treatments. To achieve this goal, Mary suggested that families join self-advocacy groups:

There are students who have been through the process and parents who have been through the process and successfully graduated their children or successfully completed their educational goals, who can assist other families and students with understanding what the policies are, what they mean, how you navigate them from the family and student side.

Families can help students transition through the process by providing them with moral support and by encouraging high achievers to prioritize their health following a crisis.

Peer advocacy. Peer advocacy can be a powerful tool in supporting and advocating for students with mental health conditions (McKinney, 2009). While peers served as supports to students in this study during their time of crisis and during their return from time away, a more structured support system could provide direct advocacy services. Both staff and students shared their recommendation regarding the need for peer advocacy opportunities for students engaged in the mental health leave process. Gabriel drew from his personal experience, “Did you know, the entire time I felt so alone. I felt like I was the only one going through this. Had [a peer support group] been available, I would have welcomed it with open arms.” Caroline and Mary, both staff members, discussed an interest in helping students develop an advocacy group of peers who were at various stages of the mental health leave and reenrollment process. Caroline described conversations she has had with student who were interested in collaborating with peers,

I have had the suggestions from students of starting some sort of peer support network for students who’ve been through a medical withdrawal. Maybe there could be a website or a Blackboard site...where students can throw out a question and other students who know the answers can tell them, or at least can refer them to where they might find the information...It would...remind students along the way that...whatever has happened to you along your path, that doesn’t mean that you won’t overcome this.

As students involved in the mental health leave process may not want other students to be aware of their engagement in the process, as expressed by Max, close partnerships between

college personnel and students to protect student privacy and confidentiality would need to be explored further for formal peer advocacy programs to develop.

Health Care Providers. Health Care Providers, both in the campus community and those located in the home community of students during their time away provide specialized medical and mental health treatment for students who have experienced a mental health crisis and taken a medical withdrawal. Specializations include psychology, psychiatry, and clinical social work. These providers also have additional capacities for the treatment for substance abuse disorders, eating disorders, and physicians who treat co-morbid medical and psychological conditions. Deliberate partnerships between college staff and health care providers can maximize the support students receive as they move through the process. In addition, health care providers who work with high achieving and gifted students may benefit from additional training in the specialized needs of this population.

Institutions. At Greenway, the institution made a priority on the their mental health leave process by creating a policy and protocol approved by their Senior Administrators, they designated specific student affairs personnel to monitor the logistics of the process, as well as to develop relationships with students to support both administratively and with individualized support from student affairs staff, counseling center, and student health center. Institutions should examine their own policies, procedures, and supports to develop holistic processes that do not overwhelm students with bureaucracy. Using my conceptual model (Figure 7.1) as a guide, college personnel can craft processes that focus on student development values, which support to advocate for students through each main transition in the process. Care and attention should be given

at each juncture and transition in the mental health leave process, to include periods of crisis, time away, re-entry, and return to college journey.

Addressing climates of perfectionism at academically competitive institutions such as Greenway can create a culture where health and wellness can be prioritized. In addition, a clear mission and vision for support services around the mental leave and reenrollment process and assessment designed to elicit feedback on the student experience.

Recommendations for Future Research

As there is so little research on the college mental health leave and reenrollment process, both quantitative and qualitative research options abound for future research. Current research on college students with mental health conditions stops short of longitudinal tracking of students with mental health conditions who take a leave of absence. Quantitative research on the number of students who return and graduate following their mental health withdrawal, would help paint a picture of both the scope and demographics of students who are engaging in the mental health leave and reenrollment process at their institution. In addition, a quantitative study looking at the variables and constructs related to the supports student access during the mental health leave and reenrollment process could provide greater insight into the impact of student supports. This type of data could also shed light on the needs of certain student populations, demographic patterns, and distinctions between students with varied types of specific health conditions.

In this qualitative study, staff participants shared a common commitment to optimum student development, which impacted their choices to provide support and advocacy for students. A multi-site case study could explore the perspectives and values of staff members at varied types of institutions. Findings could assist schools in

determining professional development needs for staff without the background knowledge of student development that Greenway staff participants had.

This study focused on students attending an academically competitive residential university. All student participants were high achievers with an academic focus that was so intense they struggled to prioritize their health over their academic plans when faced with a crisis. A climate of perfectionism can breed stress for students with underlying mental health issues. Even though students in this study were open in discussing their experiences with the mental health leave and reenrollment process, some were understandably guarded regarding specific details of their crisis. Further research with gifted and high achieved students who engage in the mental health leave process, in the form of a narrative inquiry or phenomenological qualitative study would allow researchers more time to develop trust with students so that they will feel comfortable sharing information related to stigmatized issues related to self-harm and suicide (Cross, 2013). More information is needed on how institutions can support the needs of high achievers who engage in the mental health leave process as findings could provide information on the specific needs of high achieving students, and how they can be best supported by their institution. In addition, the experience of students engaged in the mental health leave process at other institutions could illuminate the needs of students on a broader scope, including the journey of students at commuter schools, private schools, and less academically competitive institutions.

Language and communication were key aspects of leave and reentry process, especially between students and staff. Some student participants felt overwhelmed with what they perceived as the bureaucracy of the process. Discourse and content analysis of

written language communication between staff and students could also be beneficial, as institutions work to create a process that satisfies logistical processes without overwhelming students who are already feeling burdened by the interruption to their college journey.

Conclusion

This single site case study examined the mental health leave and reenrollment process and its impact on college student development using the lens of Nancy Schlossberg's (2011) model of transition. This study also examined the perceptions of college staff as they worked to advocate and support students who engaged in the process and how students move through and cope with each step of the process. College campuses have become rich and diverse places of learning for students who may have previously not had the opportunity to fully participate in the full-time residential college experience. Students experiencing mental health conditions can experience lengthy periods of wellness that allow them to pursue their dreams of higher education thanks to improvements in modern pharmaceuticals and treatment interventions (Bowman, 2010; Goldin et al., 2006; McDonald, 2014; Mowbray et al., 2006; Tosevski et al., 2010). Counseling and health supports are clearly fundamental to improving the health and outcomes for students who experience a mental health crisis. In my study, I have found that a student development perspective provides an opportunity to examine how college personnel and communities can provide supports to students as they transition into, through, and out of the mental health leave and reenrollment process. Central to this process is the role of college personnel. What remains unknown at the conclusion of this qualitative study is the influence of the contributing variables in the model and how it will operate in other

institutional cultures. The complexities of the recursive elements of the process are simplified for representation in the model and it will be important to further test this model at other sites.

Using my conceptual model (Figure 6) of the mental health leave and reenrollment process as a guide, college personnel, regardless of the specific steps they use for their process (see Figure 2), can use the four main transitions that occur during this process—crisis, time away, re-entry, and return to the college, to craft processes that focus on the supports needed to transition through each stage of the process. An important aspect of any process is building intentional collaborative units of support between on and off campus supports. This type of scaffolding is an integral part of supporting students as they move through the leave and reenrollment process.

Finally, staff participant interviews provided additional insight into the values of college personnel as they guide students through the mental health leave and reenrollment process. This study found that while students focused on their individual journey and moved through the process one step at a time, staff worked to provide good company to students, not just as good listeners, but as active members of the student journey. Students who experience a mental health crisis while enrolled in College may experience an interruption to their college journey, but through comprehensive supports that position students to develop coping strategies they can move out of the process and onto a place where they can flourish.

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APPENDIX A: RECRUITMENT EMAIL

Dear (College Representative),

I am conducting a research study involving students and former students at Greenway College who are or were directly, past or presently, involved in the student mental health leave and reenrollment/reenrollment process at the college. The study title is *College, Interrupted: A Case Study of the Mental Health Leave Process*.

The **purpose of this research study** is to focus on student experience and student development related to the policy, processes, and paperwork associated with the mental health leave and reenrollment process at your college. This research will examine student perceptions on this topic, as well as the barriers and resources students may encounter during the mental health leave and reenrollment process. Student interviews will last approximately one hour.

Directions: Please refer students, via phone or email, to me who meet the following criteria:

Participant Criteria:

- Between the ages of 18-25 when attending the College
- Graduated or completed intended program at the College
- Open to answering questions about their personal connection to the mental health leave and reenrollment process at the College

Study Reminders: Student participation is voluntary and confidential. Study participants will receive transcripts of study interviews, and will have the opportunity to remove themselves from the study at any time.

Point of Contact: Rachel McDonald,

PhD Student, College of William & Mary, 757-309-3395,
rlmcdonald@email.wm.edu

APPENDIX B: ABBREVIATED SOCIAL MEDIA RECRUITMENT EMAIL

Hello! A colleague of mine, Rachel McDonald, is conducting a research study involving former students at Greenway College who were involved in the student mental health leave process while at the College. The study title is College, Interrupted: A Case Study of The Mental Health Leave Process. I thought you might be interested in participating in the study. Student participation is voluntary and confidential Rachel has told me that students who live outside the geographic area of Greenway can participate via phone or skype. If you are interested, please contact Rachel McDonald at 757-309-3395, or by email at rlmcdonald@email.wm.edu. She can tell you more about her study and the interview process. Good luck and thanks for considering helping out Rachel with her dissertation research!

APPENDIX C: PHENOMENOLOGY

Initially, a phenomenological perspective was considered as part of the methodology for this research. Phenomenology is “primarily a philosophic method for questioning” (Van Manen, 2007, p. 747). A question related to the student experience was incorporated into the student interview protocol and questions were used to explore the lived experience of student participants (Van Manen, 2007). However, due to the small number of student participants interviewed, a broader essence of experience was not included in the research. In addition to the case design that encompasses this project, I did include a phenomenological component to the student interview questions to frame the perspective of student participants involved in study (Van Manen, 2017). According to Van Manen (2014), “A phenomenological question may arise any time we have certain experience that brings us to pause and reflect” (p. 853). In this case, research question number two (How do students experience the mental health leave and reenrollment process?) was created to explore the student experience. Even this question gleaned valuable information regarding student perceptions of the process, due to the small number of students who participated the study, this phenomenological component was not sufficiently viable as a methodology. After the initial design of this interview, I had included an additional component of member checking for students, which was to be added in the form of essence statement-which will be a summary of the “exclusively singular aspects” expressed by student participants as they described their own experience blank (Van Manen, 2007, p. 755). The essence statement was not created due to the small number

of student participants (4) who participated in the case study (Saldana, 2012; Van Manen, 2007).

APPENDIX D: STUDENT CONSENT FORM

I, _____, agree to participate in an research study involving students and former students at Greenway College who are or were directly, past or presently, involved in the student mental health leave and reenrollment/reenrollment process at the college. The purpose of this research study is to focus on student experience and student development related to the policy, processes, and paperwork associated with the mental health leave and reenrollment process at Greenway College. This research will examine student perceptions on this topic, as well as the barriers and resources students may encounter during the mental health leave and reenrollment process.

As a participant, I understand I will be asked questions about my involvement with the student mental health leave and reenrollment process, as well as about my perceptions of the challenges and successes involved in this process. I understand that the honesty and accuracy of my responses are crucial for this study. I also understand that I am not required to answer every question that is asked.

I understand that I will be expected to participate in 1-2 interviews each lasting approximately 30-60 minutes each, relating to my experiences and perceptions of the student mental health leave and reenrollment process at the College. I agree that I will read and review summaries of the information that is generated during the interviews to check and correct them for accuracy. I have been informed that any information obtained in this study will be recorded with a pseudonym of my choosing that will allow only the researchers to determine my identity. At the conclusion of this study, the key linking me with the pseudonym will be destroyed. I also acknowledge that individual discussions will be audio taped to ensure the accuracy of the data analyzed. At the conclusion of the study, the tapes will be erased and will no longer be available for use. All efforts will be made to conceal my identity in the study's report of results and to keep my personal information confidential.

Because of the sensitivity of the focus for this study, I understand that there may be some minimal psychological discomfort directly involved with this research and that I am free to withdraw my consent and discontinue participation in this study at any time by notifying one of the researchers by e-mail or telephone. My decision to participate or not participate will not affect my relationships with faculty, administration, or with the college in general. If I have any questions that arise in connection with my participation in this study, I should contact Dr. Pamela Eddy at 757-221-2495 or peddy@wm.edu. I understand that I may report any problems or dissatisfaction to Dr. Thomas Ward, chair of the School of Education Internal Review Committee at 757-221-2358 or tjward@wm.edu or Dr. Ray McCoy, chair of the Protection of Human Subjects Committee at the College of William and Mary at 757-221-2783 or rwmcco@wm.edu.

My signature below signifies that I am at least 18 years of age, that I have received a copy of this consent form, and that I consent to allowing the researcher to interview me for this study.

Date

Participant

Date

Investigator

THIS PROJECT WAS FOUND TO COMPLY WITH APPROPRIATE ETHICAL STANDARDS AND WAS EXEMPTED FROM THE NEED FOR FORMAL REVIEW BY THE COLLEGE OF WILLIAM AND MARY PROTECTION OF HUMAN SUBJECT COMMITTEE (PHONE: 757 221-3901) 2015-07-24 AND EXPIRES ON 2016-07-24.

APPENDIX E: STAFF CONSENT FORM

I, _____, agree to participate in an exploratory pilot study involving staff members at Greenway College who are directly or indirectly, past or presently, involved in the student mental health leave and reenrollment/reenrollment process at the college. The purpose of this pilot study is to focus on the messages (written, verbal, symbolic) that campus staff intend to communicate to students in regard to the policy, processes, and paperwork associated with the mental health leave and reenrollment process at Greenway College. This research will provide a framework for a future study that will examine student perceptions on this topic, as well as the barriers and resources students may encounter during the mental health leave and reenrollment process.

As a participant, I understand I will be asked questions about my involvement with the student mental health leave and reenrollment/reenrollment process, as well as about my perceptions of the challenges and successes involved in this process. I understand that the honesty and accuracy of my responses are crucial for this study. I also understand that I am not required to answer every question that is asked.

I understand that I will be expected to participate in 1-2 interviews each lasting approximately 30-45 minutes each, relating to my experiences and perceptions the student mental health leave and reenrollment/reenrollment process at the College. Under no circumstances will I be asked to provide confidential information about or associated with individual students. I agree that I will read and review summaries of the information that is generated during the interviews to check and correct them for accuracy. I have been informed that any information obtained in this study will be recorded with a pseudonym of my choosing that will allow only the researchers to determine my identity. At the conclusion of this study, the key linking me with the pseudonym will be destroyed. I also acknowledge that individual discussions will be audio taped to ensure the accuracy of the data analyzed. At the conclusion of the study, the tapes will be erased and will no longer be available for use. All efforts will be made to conceal my identity in the study's report of results and to keep my personal information confidential.

Because of the sensitivity of the focus for this study, I understand that there may be some minimal psychological discomfort directly involved with this research and that I am free to withdraw my consent and discontinue participation in this study at any time by notifying one of the researchers by e-mail or telephone. My decision to participate or not participate will not affect my relationships with faculty, administration, or with the college in general. If I have any questions that arise in connection with my participation in this study, I should contact Dr. Pamela Eddy at 757-221-2495 or peddy@wm.edu. I understand that I may report any problems or dissatisfaction to Dr. Thomas Ward, chair of the School of Education Internal Review Committee at 757-221-2358 or tjward@wm.edu or Dr. Ray McCoy, chair of the Protection of Human Subjects Committee at the College of William and Mary at 757-221-2783 or rwmcco@wm.edu.

My signature below signifies that I am at least 18 years of age, that I have received a copy

of this consent form, and that I consent to allowing the researcher to interview me for this study.

_____	_____
Date	Participant

_____	_____
Date	Investigator

THIS PROJECT WAS FOUND TO COMPLY WITH APPROPRIATE ETHICAL STANDARDS AND WAS EXEMPTED FROM THE NEED FOR FORMAL REVIEW BY THE COLLEGE OF WILLIAM AND MARY PROTECTION OF HUMAN SUBJECT COMMITTEE (PHONE: 757 221-3901) ON 2015-07-2015 AND EXPIRES 2016-07-2015.

APPENDIX F: REV.COM NON-DISCLOSURE AGREEMENT

CLIENT NON-DISCLOSURE AGREEMENT

This CLIENT NON-DISCLOSURE AGREEMENT, effective as of the date last set forth below (this "Agreement"), between the undersigned actual or potential client ("Client") and Rev.com, Inc. ("Rev.com") is made to confirm the understanding and agreement of the parties hereto with respect to certain proprietary information being provided to Rev.com for the purpose of performing translation, transcription, video captions and other document related services (the "Rev.com Services"). In consideration for the mutual agreements contained herein and the other provisions of this Agreement, the parties hereto agree as follows:

1. Scope of Confidential Information

1.1. "Confidential Information" means, subject to the exceptions set forth in Section 1.2 hereof, any documents or other text supplied by Client to Rev.com for the purpose of performing the Rev.com Services.

1.2. Confidential Information does not include information that: (i) was available to Rev.com prior to disclosure of such information by Client and free of any confidentiality obligation in favor of Client known to Rev.com at the time of disclosure; (ii) is made available to Rev.com from a third party not known by Rev.com at the time of such availability to be subject to a confidentiality obligation in favor of Client; (iii) is made available to third parties by Client without restriction on the disclosure of such information; (iv) is or becomes available to the public other than as a result of disclosure by Rev.com prohibited by this Agreement; or (v) is developed independently by Rev.com or Rev.com's directors, officers, members, partners, employees, consultants, contractors, agents, representatives or affiliated entities (collectively, "Associated Persons").

2. Use and Disclosure of Confidential Information

2.1. Rev.com will keep secret and will not disclose to anyone any of the Confidential Information, other than furnishing the Confidential Information to Associated Persons; provided that such Associated Persons are bound by agreements respecting confidential information. Rev.com will not use any of the Confidential Information for any purpose other than performing the Rev.com Services on Client's behalf. Rev.com will use reasonable care and adequate measures to protect the security of the Confidential Information and to attempt to prevent any Confidential Information from being disclosed or otherwise made available to unauthorized persons or used in violation of the foregoing.

2.2. Notwithstanding anything to the contrary herein, Rev.com is free to make, and this Agreement does not restrict, disclosure of any Confidential Information in a judicial, legislative or administrative investigation or proceeding or to a government or other regulatory agency; provided that, if permitted by law, Rev.com provides to Client prior notice of the intended disclosure and permits Client to intervene

therein to protect its interests in the Confidential Information, and cooperate and assist Client in seeking to obtain such protection.

3. Certain Rights and Limitations

3.1. All Confidential Information will remain the property of Client.

3.2. This Agreement imposes no obligations on either party to purchase, sell, license, transfer or otherwise transact in any products, services or technology.

4. Termination

4.1. Upon Client's written request, Rev.com agrees to use good faith efforts to return promptly to Client any Confidential Information that is in writing and in the possession of Rev.com and to certify the return or destruction of all Confidential Information; provided that Rev.com may retain a summary description of Confidential Information for archival purposes.

4.2. The rights and obligations of the parties hereto contained in Sections 2 (Use and Disclosure of Confidential Information) (subject to Section 2.1), 3 (Certain Rights and Limitations), 4 (Termination), and 5 (Miscellaneous) will survive the return of any tangible embodiments of Confidential Information and any termination of this Agreement.

5. Miscellaneous

5.1. Client and Rev.com are independent contractors and will so represent themselves in all regards. Nothing in this Agreement will be construed to make either party the agent or legal representative of the other or to make the parties partners or joint venturers, and neither party may bind the other in any way. This Agreement will be governed by and construed in accordance with the laws of the State of California governing such agreements, without regard to conflicts-of-law principles. The sole and exclusive jurisdiction and venue for any litigation arising out of this Agreement shall be an appropriate federal or state court located in the State of California, and the parties agree not to raise, and waive, any objections or defenses based upon venue or forum non conveniens. This Agreement (together with any

Page 1

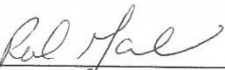
agreement for the Rev.com Services) contains the complete and exclusive agreement of the parties with respect to the subject matter hereof and supersedes all prior agreements and understandings with respect thereto, whether written or oral, express or implied. If any provision of this Agreement is held invalid, illegal or unenforceable by a court of competent jurisdiction, such will not affect any other provision of this Agreement, which will remain in full force and effect. No amendment or alteration of the terms of this Agreement will be effective unless made in writing and

executed by both parties hereto. A failure or delay in exercising any right in respect to this Agreement will not be presumed to operate as a waiver, and a single or partial exercise of any right will not be presumed to preclude any subsequent or further exercise of that right or the exercise of any other right. Any modification or waiver of any provision of this Agreement will not be effective unless made in writing. Any such waiver will be effective only in the specific instance and for the purpose given.

IN WITNESS WHEREOF, the parties have caused this Agreement to be executed below by their duly authorized signatories.

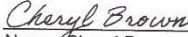
CLIENT

Print Name: Rachel L. McDonald

By: 
Name: Rachel McDonald
Title: Ph.D. Candidate
Date: February 27, 2016

Address for notices to Client:

REV.COM, INC.

By: 
Name: Cheryl Brown
Title: Account Manager
Date: November 24, 2015

Address for notices to Rev.com, Inc.:

251 Kearny St. Suite 800
San Francisco, CA 94108

APPENDIX G: STUDENT CROSSWALK TABLE

Interview Questions	Research Question 1	Research Question 2	Research Question 3	Research Question 4	Conceptual Framework
	What messages do students perceive or receive from faculty through the mental health leave and reenrollment process?	What messages do campus staff intend to communicate to students in regard to the policy, processes, and paperwork associated with the mental health leave and reenrollment process?	What barriers and/or resources do students encounter during the mental health leave and reenrollment process?	How is college student development, particularly as it is related to the transition through and out of college impacted during the process of mental health leave and reenrollment?	Schlossberg's Transition Theory
Describe your current status as a student or graduate at the College				X	X
Do you feel that having (or previously having) a mental health condition has affected your collegiate life? How so?			X	X	X

How was the medical leave and reenrollment/re enrollment process first described to you? What types of information or paperwork were you asked to provide to college personnel?	X		X		
Describe the experience of being medical withdrawn from your college.	X		X	X	X
Describe the experience of going through the reenrollment/re enrollment process and returning to college after being on leave.			X	X	X

How did this process support your recovery and return to college?			X	X	X
What were the challenges you faced during this process? How did you cope with these challenges?	X		X	X	X
How did this process impact your academic and graduation plans?			X	X	X
Were there any faculty or staff members who supported you during this process? If so, tell me about the experience you had with them.			X	X	X

What, if any, student services did you access during or after this process? How did these resources support your success? (Examples: Accessibility Services, Counseling Center)			X	X	X
What, if any, off-campus resources did you access during or after this process? How did these resources support your success? (Examples: Therapist, Nutritionist, Support Group meetings)			X	X	X
What suggestions do you have for improving the way this process is communicated to students?			X		

What suggestions do you have for improving the way students are supported by college personnel during this process?			X	X	X

APPENDIX H: STAFF CROSSWALK TABLE

Interview Questions	Research Question 1	Research Question 2	Research Question 3	Research Question 4	Conceptual Framework
	What messages do students perceive or receive from faculty through the mental health leave and reenrollment process?	What messages do campus staff intend to communicate to students in regard to the policy, processes, and paperwork associated with the mental health leave and reenrollment process?	What barriers and/or resources do students encounter during the mental health leave and reenrollment process?	How is college student development, particularly as it is related to the transition through and out of college impacted during the process of mental health leave and reenrollment?	Schlossberg's Transition Theory
How are you involved in the mental health leave and reenrollment/reenrollment process at your institution?		X	X		
How do you describe this process to involved students?		X			

What policies and procedures (that you are aware of) have been implemented to support this process?		X			
What portion of this process is influenced by liability concerns? (Probe: Please describe these concerns further)		X			
What portion of this process is influenced by concern for students health and safety?		X	X		
In what ways, if any, do you serve as an advocate to students during this process?		X	X	X	X

Do you see any conflict between the legal/advocacy aspects of this process? (Probe: Please describe these concerns further)		X	X	X	X
What are the overall strengths of this process?			X	X	
What challenges have you faced when engaged in this process?		X	X	X	
In what ways have students you interacted with expressed their feelings/experience with this process?	X	X	X	X	X

What internal stakeholders (individuals within your own program or department) have you collaborated with during this process?		X	X	X	X
What internal stakeholders (individuals within your own program or department) have you collaborated with during this process? (Probe: Describe how you collaborated with that person or persons).		X	X	X	X
What external stakeholders (individuals outside your own program or department) have you collaborated with during this process? (Probe: Describe how you collaborated with this person or persons).		X	X	X	X

What would you like students to know about your role in this process?	X	X			X
What would you like college community members to know about this process?		X			
What suggestions do you have for improving the way that this process is communicated from your institution		X			
What suggestions do you have for improving the advocacy portion of this process at your institution?		X	X	X	

APPENDIX I: CURRICULUM VITAE

Rachel McDonald

EDUCATION

The College of William & Mary, Williamsburg, VA
Ph.D. Candidate, Education Policy, Planning and Leadership,
Anticipated Graduation: 2016
Concentration: Higher Education Administration
Cognate: K-12 Administration

The University of Vermont, Burlington, VT
Special Education Licensure Coursework, 2005-2008 Practicum: Transition and Employment Specialist Placement

Old Dominion University, Norfolk, VA *Master of Science in Education, 2004 Curriculum and Instruction*

Old Dominion University, Norfolk, VA
Bachelor of Science, 2001
Major: Criminal Justice, Minor: History

PROFESSIONAL, TEACHING, and CONSULTING EXPERIENCE

College of William and Mary, Williamsburg, VA 2014-Current
Director of Care Support Services, Dean of Students Office

College of William and Mary, School of Education, Williamsburg, VA Spring 2015
Graduate Course: Teaching Assistant

Virginia Community College System, Great Expectations, Richmond, VA 2014-Current
Planning Specialist for Innovation and Success

The College of William and Mary, School of Education, Williamsburg, VA 2013-2014
Graduate Assistant: Office of the Dean and Development

Jamestown High School, Williamsburg, VA 2012-2013
Special Education Teacher, Case Manager, Hybrid Instructor

Green Run High School Virginia Beach, VA 2007-2012
Special Education Teacher, Work Experience Program Coordinator, Transition Chairperson

Harwood Union High School, Duxbury, VT 2004-2007
Employment Specialist, Program Co-Coordinator, Career Counselor, Instructor

Old Dominion University, Student Support Services, Norfolk, VA 2002-2003
Graduate Assistant, Mentoring Program Coordinator

PUBLICATIONS

McDonald, R. (in press). Moving from accommodations to access. *William and Mary Educational Review (WMER)*.

HONORS AND AWARDS

Excellence in Education Award Finalist, *The Great Expectations Student Leadership Program: A Unique Hybrid Learning Experience*, VCCS New Horizons, 2015
Kappa Delta Pi International Honor Society, 2013
College of William and Mary-Chandler Family Scholarship, 2013
Old Dominion University, Special Education Tuition Grant, 2008-2009
University of Vermont, Special Education Graduate Academic Scholarship, 2005-2007